Introductory Address

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I THINK that I cannot better lead you to see the attitude of modern medicine than by asking you first to consider with me what reply we can give to-day to those two great questions which have been handed down from man to man, and from age to age, intensified and urged onwards by the secular cry of human suffering and cruel death: first, What is disease? secondly, Can we relieve it?

No man can hope adequately to handle such questions as these unless he has some fair knowledge of the history of his own science and art; nor do I know any book which at present is more to be desired than a short history of medical doctrine and practice, written by a physician and a philosopher, which should give the student some perception of that chain by which he is bound to those who have gone before him. Among other instructive matters with which that book would deal is the curious difference with which these two questions have been answered. To look at one side only of the matter: in some ages of the world these two questions have been regarded as correlative; latterly they have been set widely apart. Since the days of Bichat and the great biologists who have followed him there has been a growing sense of the infinite subtlety of the human frame and functions, a subtlety which lies so far beyond human ken that he were indeed a bold man who should venture to take this wonderful machine in hand and say, "Go to, now will I repair it."

The great and corresponding advance of pathology has contributed to a like result. Pathologists have found that, after all, they were physiologists; that pathology was but the study of the falling side of human life—the study of the slow condensing of that wonderful exhalation from the dust and ashes which seems as necessary and inevitable as the down-dripping of a jet of steam. Death, they have said, is no accident; it is essentially one with life, and an integral part of the scheme. How can the indivisible be put asunder, and how can I, by taking thought, divide death from life, as the light is divided from the darkness? Thus was medical interference as much crushed out of modern biological science as free-will was crushed out of modern philosophy; and our two questions, what is disease and what is cure, seemed hopelessly set apart.

But how different was it in earlier ages. All early peoples, being ignorant that disease and death were but the underside of the web of life, conceived that the two opposites were separable. They believed that in the golden time before themselves, when men were cast in a powerful mould, when they led pure lives, and when outer nature was more kindly, they set death at defiance, perhaps for ever, often for many centuries. To their minds, then, disease, and even death, were accidents—something engrafted upon the true stock; hence all their efforts were to get rid of the unwelcome element by some artificial means. A pure elixir of life was sought for on the one hand, and potent charms or medicines were sought for on the other hand, which should cast out the evil or keep it at bay. It was in medicine, indeed, as it was in morals: a man was losing himself in lust and wickedness because, one morning, on going to eat in his garden, he forgot to make the sign of the cross, and so unwittingly he swallowed a devil in a lettuce. The way for his restoration was clear: no health for his soul could be hoped for until the devil was exorcised, which of course he was duly by bell, book, and candle, and the sinner, now become holy, founded a religious house, and died in the odour of sanctity. Exactly so was it with medicine: purge out the offending cause, be it an acrid humour or three black crows, or, in more modern language, a morbid poison, and you will leave a sound man behind.

Again, there is one more direction in which men are strongly tempted to revert to older habits of thought. Even now we are all taught in the nursery, and our very language is so made that we cannot rid ourselves of the words which express such teaching, that man's body and his life are also somehow separable, as we pretend that his diseases are separable. Curiously enough, man's life is not likened to a clock which is self-acting, and moves by the inner virtues proper to the peculiar positions of its own molecules, but it is likened to the motion of a loom which needs the continuance of some outer activity to keep it agoing. This outer agent, or weaver, is called nowadays Nature; and all actions in the body are said to be the doings of Nature, whose proceedings are fortunately regarded as always beneficent, even when she bores a hole into your peritoneum or grows a handsome cancer in your bosom. This is, of course, an error of the same kind as the entity theory of disease; and although much less remains of it than formerly, Nature is still written with a capital N, and appealed to by professors of medicine and others in a way which shows that the old false conception of a distinctly good agent and a distinctly bad agent striving in the body together for mastery is not by any means extinct, and that it is our vile body which *will* go to the dogs, while Nature is always on the watch to drag it up again and perform a wonderful cure. Now, gentlemen, you must get this misleading way of thought out of your heads at once, though it will be a hard task, as you have brought it from your cradles. Let me try to tell you how I would regard the body, and how I want you to see it.

You know that in ourselves, as in the world about us, we see two great tendencies, which work together, and can only by an artifice of words be considered separately: the one is the tendency towards construction or development; the other is the tendency towards destruction or dissolution. On the one hand, you see the growing expansive forces of the earth building up new forms and new beauties day by day; on the other hand, there is bound up in the very same molecular activities the inevitable downfall of all things towards a final equilibrium. Now there are many forms of rest, or temporary equilibrium between rising and falling—in such a state, for instance, is the table on which I now lean; but there is also an equilibrium of things in motion, such, for instance, as of a pendulum or of the solar system, where molecules and masses play uniformly, and with compensation, about one centre of gravity, or about a system of associated centres. You know that things in such balance will admit of certain perturbation, and that this perturbation may be carried to a point scarcely consistent with the continuance of the balance, or it may be carried beyond that point, when we say that the thing or the system of things is overbalanced; then all the component parts fall away and sink into lower states, until they arrive at some new positions of equilibrium, which will be more or less permanent in their turn, and so on. If you thrust against a rocking stone you have the illustration in a simple form; if you interfere with the human body you disturb a very complex moving equilibrium, but the conditions are identical. The animal body is a complete system of units and parts moving in an equilibrated system: you may disturb this system partially and it will recover itself; you may disturb it, however, to a degree beyond its power of recovery and it falls to pieces, its components going each its own way to find new positions of rest. Or, again, a disturbance may act in another way: it may be so severe or so applied that the system, in what we call convalescence, cannot recover its old state of equilibrium, but it yet may find another nearly as good, or one much worse, but still to be held. Now what is true for these disturbances from without is equally true for those from within: some part of the system gives way, and yet the old equilibrium may be regained; or, again, a new position of equilibrium as good, or not so good, may be attained; or the whole system may fall to pieces. I do not think this is a hard matter; it is supported and illustrated by so many analogies that, your minds once being placed in the right point of view, I think you will scarcely fail to hold to the right conception, and to remember that the so-called *vis medicatrix naturæ* is nothing more nor less than the tendency of all things, or systems of

* The author has omitted certain opening paragraphs which had a special interest only.

things in equilibrium to recover the same under the pressure of lesser perturbations.

We have thus given, have we not, some kind of answer to the question, What is disease? It is a disturbance of the equilibrium of a complex system either by something from without, as the solar system would be disturbed by the collision of some other star with our own sun, or by the wandering among us of some foreign orb which would exercise new and strange attractions; or, on the other hand, by something from within, as the solar system again would be deranged or broken up by the crumbling away of one of its principal members. Art and observation in medicine must be directed to watch the functions of the body: so long as these are equable and undisturbed, we have that chief sign of health when the movement of the parts causes no perturbation, however slight, of the whole system. In more familiar words—health is that state when we are unconscious of all and any of our various functions.

Here we come to a most instructive deduction—which is, that the art of medicine must consist in the watching for and the description of these first departures from true running, and in the discovery of those means, if any, which will shore-up any parts which are giving way. The study of morbid specimens after life has its great uses; but you will see that to pore over the *débris* of dead bodies is no more to study the treatment of disease than to visit the ruins of Paris is to study the events of the late war. The mischief is now done; but you wish to understand the beginnings and the progress of those disturbances which caused the outbreak. No wonder, then, that profound pathologists often disbelieve in all treatment. Believe me, gentlemen, physicians are made at the bedside.

Well, then, in watching for any departure from the smooth workings of health, we may look either to see some particular part give way, or to see the effects of some subtle influence deranging the whole. This brings us to one of the most fertile and therefore most interesting results of modern observation—namely, those derived from an extended and accurate study of fever. It is unfortunate that the name "fever" has become strongly attached to certain diseases which happen to show this process most distinctly. We know now, and every day is widening this knowledge, that "fever" is a term signifying a thing of very wide generality; that, indeed, it is nothing more nor less than the expression of a disturbed balance between the disengagement and the dissipation of heat in the tissues of the body. Many of you know it is a physical law that disintegration is always attended with release of force in some form. It happens that the human body in health always preserves an exact balance between this release of heat and its dissipation; so that be measuring the heat of the body we obtain an exact knowledge of the state of its regulative powers. Thus by the thermometer we know whether the system is "swinging true"—whether, that is, the continual oscillations of heat-production are balanced by corresponding oscillations in its removal—whether, in short, the inner work of the tissues and the disposal of their energies are in equilibrium, or whether they are thrown out. It is evident that if, in the next place, we could command the position and preserve or restore this balance, we should be armed with great powers indeed. Now it is clear that we may try to restore the balance in two ways: first, by arresting the production of heat within the body; or, on the other hand, by cooling the outside of the body. The first hope has given rise to the admirable investigations upon the action of quinine, digitalis, and so forth, in fevers, by Professor Binz and others, and which you have seen illustrated in my wards by the use of large morning doses of quinine in the fever of phthisis, and the like; the second hope has given rise to the equally admirable investigations into the action of cool baths to the surface of the body, the latest and most brilliant triumph of which we have just seen in the almost miraculous cure of certain cases of so-called cerebral rheumatism by Dr. Wilson Fox. Thus, you see, instead of encouraging Nature, as our forefathers did, and keeping our fever patients warm, we deliberately discountenance Nature and repress her amiable endeavours. Ventilation in fever chambers was first hinted at; this system was extended; then I think I may claim to have advanced the good cause by urging the treatment of fever by the free admission and encouragement of cold air; and latterly the system is carried up to the modern cold-water treatment, so clearly taught generations ago by our own Currie. In some combination of this with the quinine treatment of Binz will for the present be our stronghold in fever: that is, in all states where the balance of force in the body is disturbed by local or general causes. Such, gentlemen, is the practical use of true general conceptions or theories.

It is, perhaps, in the region of those infectious diseases in which fever is a prominent symptom that the old and vicious mode of regarding disease as a thing to be expelled from the body most stoutly holds its ground. Dr. George Johnson is, perhaps, the most eminent supporter of the doctrine which is now called "the doctrine of elimination." This doctrine he urged upon us most vigorously in his recent Address in Medicine at Plymouth; and as he then complained—I fear with some little asperity—that I had spoken of him as the priest of a decaying faith, and as he in his turn called me, in a somewhat dyslogistic sense, one of a "very advanced school," I shall venture now to consider the value of the elimination theory, as it is of vital importance at the present time either to accept or deny it. The assumptions required for the elimination theory are these:—First of all, of course, a sick body—one, let us say, in typhus fever or measles; secondly, that this disturbance has occurred in consequence of the introduction of something from without; thirdly, that there is a weaver at the loom of life called Nature, spelt with a capital N (what the meaning of Nature can be except the whole of the bodily functions, good and bad, taken together, it is hard to say, but it is precisely where meaning fails that a word comes in most opportunely); fourthly, that this Nature is beneficent as against some other tendencies of the body which are not; fifthly, that we ascertain which are the beneficent tendencies and which the maleficent simply by taking arbitrarily such symptoms as may fit in with our own preconceptions, and claiming them as on our own side: thus in cholera it is the diarrhœa, in diphtheria I presume it must be the leathery exudation, in scarlatina the rash, in ague the sweat, and so on. The line of treatment grows clear enough: always encourage some one selected symptom, as you may be sure that Nature is somehow trying to get rid of what we nowadays call the "morbid poison." This logic is not confined to professors of medicine. You hear old women daily in our hospital with like stories: how poor Mrs. Jones was taken on dreadful till another old woman gave her some stuff, and she vomited as black as your hat, and has never looked behind her since. Now let us look seriously at all this; for if we are to encourage diarrhœa in cholera, rash in typhus and scarlatina, exudation in diphtheria, sweating in ague or phthisis, and so on, it is well that we should know it. The eliminators astonish us by saying that we, their opponents, mistake the cause of disease for the disease itself—an astounding imputation which, for my part, I had serious thoughts of making against them. Dr. Johnson avows his belief in what he considers to be teleology; though his comparison of teleology with Mr. Darwin's exposition of Selection shows that he attaches a peculiar meaning to that term. He seems to hold that any discovery in animal life of an adaptation of means to ends is a proof of teleology. Not in the least is it so. It merely means that all the animals which did not enjoy the advantages of such an adaptation are dead. By "teleology" we properly mean that theory which affirms that sheep bear wool that we may wear coats; that cork-trees grow that we may stop our bottles; and so forth. It would certainly also be teleology to admit that there is some special machinery in man's body designed to expel poisons, with the purpose of saving man's life. If Dr. Johnson will trust himself with me for a few hours on a glacier in Switzerland, he will find that Nature is sublimely indifferent to both his life and mine, even though we are both engaged in philosophical discussions. In truth, there is about as much provision for man's safety under one set of external conditions as the other; and there is about as much intelligent direction towards the elimination of a morbid poison from a man's body as there is towards the elimination of a bit of dirt from the works of the watch in his pocket. Do we, as a matter of fact, see the least intelligent effort of Nature to expel those poisons which we can see and weigh? Take a house-painter: where is the elimination of lead from his system till the doctor comes with a draught of iodide of potassium? And so on for any other

tangible poison, were it worth while to multiply instances. But it is not worth while; for I shall proceed to show you that the so-called morbid poisons cannot be regarded as poisons in the sense that lead, arsenic, and strychnine are poisons—in the sense, that is, of foreign and separable substances which can be isolated from the tissues, and which act throughout as grains of sand or drops of acid would act upon watch works. We must remember that the contagia of the infectious fevers are transmitted from man to man by a process like generation, and that they infect the whole body, not after the manner of foreign substances or even of growing germs, but by a complete conversion of all or most of the bodily tissues into their own form of activity. The whole body is assimilated to them, so to speak; and the whole body can no more be eliminated from itself, than, reversely speaking, a man can escape from his enemies by jumping down his own throat. How profoundly these infectors modify the molecular constitution of the body, and how completely they convert this molecular constitution into some other form of activity like their own, is proved to us by the permanency of their effects. Expose one who has had small-pox to the same infection, and no or but little reaction is seen. Why? Probably because his tissues are converted into some isomeric form so like the infector that no further reaction can take place between the two; and this new molecular constitution, though it tends, as probably being less stable, to revert to its former position in long periods of time, yet is for the while so profoundly established that it is unquestionably propagated from parent to child as a transmitted protection. Take small-pox into a virgin population, and its ravages are like the plague; so, in like manner, we observe at home that the longer the interval between the epidemics of infectious fevers, the more terrible the reaction to these infectors when introduced, the reason being that there are fewer persons who have obtained or have inherited protection. How, in the face of such intimate changes as these, can we indulge in superficial talk about assisting Nature to deposit the enemy in the chamberpot! No, gentlemen, both philosophy and observation will teach you that no one prominent perturbation in diseases has more *a priori* claim to be regarded as conservative than another: the diarrhœa of cholera stands on no different footing to the collapse; and you will have in practice to repress the phenomena of disease, or, if Dr. Johnson prefers the word, to repress Nature as often as to favour her. Believe me, if you have a patient running up to a high temperature in scarlatina, let us say, or typhus, your duty will be, not to clothe the rash with imaginary virtues and to encourage its appearance, but to suffuse the skin thoroughly well with cold water in obedience to the teaching of positive investigation—that is, if you wish to cure your patient, for to aim at eliminating the original element of disturbance is about as wise and as profitable as to endeavour to put out a house on fire by eliminating the spark which set it ablaze. But enough of this matter. Let me next take occasion to say how it is that this great disengagement of heat is so much to be dreaded. It is not only formidable as a sign of disturbance, but, such is the complexity of disease, it becomes itself the direct cause of much evil. You are many of you aware that recent researches have almost made visible the very point of transition from structure into function. Modern observers have proved to us that not only the white corpuscles but also the walls of the capillaries are in the common and narrow sense alive, and perform independent motions which are of the highest importance to the body. But this vitality persists only within somewhat narrow limits of temperature, so that if the heat of the body be raised but a few degrees these corpuscles and these capillaries lose their activity or are killed. Hence arrest of the circulation in the intimate tissues, and with that the consequent arrest of their work. Dr. Bastian pointed out that plugging of the cerebral capillaries in fever was the visible cause of delirium, and I have found that uræmic symptoms may be due to a like arrest of white corpuscles in the capillaries of the kidneys, and that hypostatic pneumonia may be due to the same kind of plugging in the lungs. Hence you see the immense danger of allowing a high early temperature to continue in fever, for with it you are preparing death in the brain, death in the kidneys, death in the lungs, and probably serious mischief elsewhere—among other things, certainly a widespread destruction of muscular tissue, and probably a profound exhaustion of the ganglionic nervous system. Those of you who have attended my lectures on Fevers will remember that I urge you to direct your treatment intelligently to combat these following five classes of symptoms: firstly, the overheating by drugs such as quinine, acid drinks, digitalis, gentle purgatives, and the like internally, and by cold externally; secondly, to watch for and combat the first signs of carbonic acid poisoning by diffusible stimulants, by the use of invigorants (such as digitalis) to the heart, by bringing fresh air, and by promoting expansion of the lungs; thirdly, to watch for and combat uræmic symptoms due to imperfect excretion by the kidneys; fourthly, to watch the rapid destruction of muscle, with its dangers; and, fifthly, you will have to meet the special dangers of each particular disease, such as perforation in enteric fever, absorption of septic matters from the tonsils in scarlatina, and so forth. If you can carry out these aims with readiness and skill, you will deserve better of your patients than if you try to expel their diseases with a fork.*

And now, gentlemen, I have said enough, or too much, on this head, and I will next pass on to another point of view, though I wish still to urge upon you in another shape the same doctrine, that disease is the sum of the perturbations seen in any given individual, and that the days of the humoral pathology are numbered. Hitherto, in the specific fevers, we have considered especially the factor from without—the infecting element. Let us now consider rather the other factor—the person suffering, or the patient. In medicine, as all persons differ, be it ever so little, you cannot therefore go about with a formula for the treatment of a given disease in whomsoever it occurs, but you must vary your means with what is called the idiosyncrasy of each patient. It might almost be said, to speak very strictly, that no man ever treats the same disease twice, so different are those who suffer. But I think more might be done to make some classification of morbid tendencies; and this must be done chiefly by the accurate records not only of single cases, and not only by records of the course of individual lives, but by careful summing up of all the maladies as they occur in a series of persons related in blood. We should thus be enabled, perhaps, to establish serial affinities between diseases now unsuspected of having anything in common, and so diseases might, for the first time in the world, be classified on something like a natural system. In this, as in many other ways, syphilis is a great instructor. Owing to the accident of a peculiar infection which gives us a definite starting-point, we have been able to string upon this one thread a great number of diseases of the skin, mucous membranes, and viscera, which superficially have no mutual resemblances. I should deny, as you know, that this continuity is due to the tides in the blood of any morbid poison; it consists in a conversion of the whole molecular constitution—an influence as complete as the influence of a particular male has upon his offspring. Now, as we can in this case make a group of diseases apparently distinct, yet by nature closely allied, so no doubt might we construct many other such groups or series. Some of them are half made out already. Take the scrofulous family of diseases, for instance, and see by investigating the histories of families over a wide circuit what a series of unlike diseases may again be classed as a natural order: puriform eruptions upon the upper half of the body, especially the scalp and face, chronic inflammation of certain glands, certain low forms of disease of bones and joints, certain visceral diseases, and, finally, epilepsy and kinds of insanity. Take, again, the gouty families, and in various members of such families we shall again find a natural group of diseases: a peculiar dyspepsia, rheumatism, acute and chronic, and gout properly so called; inflammatory affections of serofibrous tissues; scaly diseases of the skin, which are dry, unsymmetrical, and do not tend to spread, but to recur in the same place or places; bronchitis; granular contracting kidneys; arterial degeneration; and here, again, a different kind of mental habit appearing in lesser and greater degrees of anger, spleen, and melancholy. If we discover that all these various manifestations belong to one series or family we have a key to their treatment of an invaluable mastery. Let me now describe to you another family constitution, one which, I think, I can frequently detect, which is common enough, and which will, I think, be readily recognised by experienced family practitioners. For want

* Vide Practitioner, vol. i., 1871.

of any better name, I would call it the neurotic habit or constitution. Persons belonging to this class present, for the most part, the following characters:—They are acute in perception, and quick and energetic, their quickness tending to degenerate into asperity and their activity into restlessness or the fidgets. They are seldom imaginative or sentimental, but rather shrewd and practical—the women being rarely hysterical, which the women of gouty families often are. They are generally small and spare in form, though not always so; they are pale and sallow in complexion; their hair falls off early, so that early baldness is a common misfortune in the women; and their tongues are commonly red at the tip and edges, and often lightly coated with silvery white on the surface. Their tongues, too, are generally long and thin; the gouty tongue being usually broad and flabby. The women are not very fruitful in childbearing, and they often suffer from irregular and painful menstruation. They may be of either light or dark complexion; and their features, though usually small, are various. They are very uniformly temperate as regards alcohol, but intemperate as regards tea; they are small eaters, and bad sleepers. Their friends accuse them of wearing themselves out; and they are often working under the pressure of chronic discomfort, though they usually live long.* These persons are especially liable to diseases of the skin of a spreading kind. Eczema, for example, breaks out in them, not, as in the gouty, repeatedly on well-worn patches, but in a pink, irritable, sweating form, which rapidly spreads all over face, head, and ears, or swiftly invades the whole length of both forearms. If they have psoriasis, it is silvery white, and rapidly covers both legs and arms. These two forms of skin mischief they chiefly present, though they are often sadly tormented with acute attacks of herpes and with urticaria, especially in childhood. Passing from the skin, we find their mucous membranes are not relaxed as in the gouty, but are irritable, and show a great susceptibility to catarrh; they sneeze on the slightest provocation; they have stuffy colds in the head, which last perhaps but a few hours, and pass off; or they have capricious attacks of bronchitis or diarrhœa. Usually, however, they are constipated in the bowels. Asthmatic persons generally belong to this class of patients, and you will often have an asthmatic mother bringing to you her child covered with herpes, or outbreaks of eczema will alternate in the same person with attacks of asthma. On turning to the nervous system more especially, we find neuralgias very frequent, and perhaps even more common in the viscera than in the head or limbs. They will complain of obstinate and unintelligible muscular or visceral pains, and of nothing more often than of those dyspepsias which are really neuralgias of the stomach. Now, the sovereign remedy for persons of this habit is arsenic, and arsenic has from this fact gained the reputation of being a specific in diseases of skin. But the arsenic which clears up the psoriasis of my neurotic friends like a charm will scarcely touch the psoriasis of a gouty subject; but, on the other hand, it not only cures the psoriasis of the neurotic subject, but it likewise cures his diarrhœa, his coryza, his gastralgia, and does much even for his asthma; so you see arsenic is only a specific for skin disease in a very narrow and superficial sense. It supplies something which lacks in a whole class of patients, and, when supplied, improves their nutrition as surely as cod-liver oil improves the scrofulous, as iron improves the chlorotic, or as quinine improves the bogtrotter. And now, gentlemen, I shall not pursue this technical part of my address any further. I have chosen two very different kinds of morbid action to bring before you, as we see them clinically—the one kind, the infectious diseases, which owe their propagation to the continuous ingrafting of inoculating particles; the other kind, which owe their propagation to the not very dissimilar process of generation and hereditary transmission. I have chosen these very different kinds of disease with especial reference to the humoral pathology; and if I have succeeded in my task, I have proved to you that the humoral pathology is a narrow and inadequate explanation of the facts before us, and one which, being weighed and found wanting, must give place to some theory of far wider meaning, and of greater use to us as a guide in therapeutics.

Thus far, gentlemen, I have hoped to carry forward the younger of my hearers with me while I more especially addressed the older; let me hope, as I turn the rest of my discourse more especially to those who now enter this School for the first time, that I may not fail still to carry my older hearers with me. I think, without any undue self-congratulation, I, in the name of my colleagues and myself, may welcome you into a School where there is a great deal of vigorous work going on, and where, on the whole, there prevails a healthy tone of feeling and discipline. The need of working hard for our subsistence and our dear lives is impressed year by year with more terrible force upon the young men of our own station in the world. Competition increases with alarming rapidity; and you have to fear, not only the competition of those of your own middle class, but the eager advance of many able young men from the class of life below you, so great are the advantages of education now held out to all men. So, gentlemen, work you must or starve; this, even at your young age, is beginning to stare you distinctly in the face. This pressure has, however, one great advantage at present, which is, that among students it has brought brains into fashion. When some of my older colleagues were young rowdyism was in fashion; when I was a student it was rather the thing to be a fine gentleman; but now every man must put his shoulder to the wheel; and the prevailing feeling is, that the man who daren't think is a slave, that the man who won't think is a bigot, and that the man who can't think is a fool. When I find a man in my class who doesn't use his brains, I therefore mentally set him down as belonging to one of these three classes. But, on the other hand, I do not call you to a feast of dry bones; I do not care to urge you to become glib with words, or to learn a string of doctrines by rote; I want you to bring the same healthy, fresh, joyous hearts to your pursuits here that you bring to other pursuits elsewhere. Come here with free, open, hopeful, and exploring tempers, and your teachers on their side will not endeavour to instruct you in dry formulas, but to carry you with us and associate you in the energies of our own minds. You have learnt from what I have said before that you are not coming to learn a science or an art the laws of which are already discovered and laid down. You are coming partly as learners, no doubt, but also in great measure as searchers and pioneers. Slender threads may sew sure stitches, and there is not a man of you here that may not, if he will, add something fresh and original to our storehouse. It has been well said that the neglect of plain and palpable truths is the source of most of the errors with which the world is infested; and nothing tends more to such neglect and to such a closure of eyes to living facts as the spirit of dogmatism and the repetition of written formulas. One great fault that both students and practitioners have to avoid is this tendency to rest comfortable with cut-and-dried opinions. The Empress Catherine the Second said, "How I pity these poor philosophers; they never dare to pronounce those four words, 'I do not know,' which are so useful to us ignorant people." Here, gentlemen, we wish to lay before you the growth of our own minds—to show you the *momenta rationis*, the springs of our knowledge, and the way we make it up and arrive at our conclusions. We wish you to join us, and aid at this continual development, and so to infuse your young minds into our older ones that, while we try to give you promptitude and maturity of judgment, you in your turn will try to stimulate us, and to keep alive in us that flexibility of mind which is open to new thoughts and to new influences. As we get older we are in sad danger of becoming entangled in routine, and every day I am conscious, to my own distress, of the tendency to crystallise, to satisfy myself with such opinions as I have, and to talk as if fixed and positive opinions were good things, whereas, as Arthur Hallam has well pointed out, they are rather the product of an exhausted than of an energetic and growing mind. For my part, then, in the wards, when I do not know a thing, or when I doubt a thing, you shall see my ignorance and share my doubts, so that together we may strive after certainty. This flexibility of mind and openness to new ideas, with the tact which comes with them, are of the highest possible importance to a medical practitioner for the very reason that he treads on such uncertain ground. Perhaps not in one-half of his work has he anything like certainty to go upon, and for the rest, therefore, he must trust to such penetration, such habits of varied and cultivated perception, such finesse in drawing rapid and subtle deductions from small

* Mrs. Poyser, in "Adam Bede," is an admirable example of this constitution.

things, as he may possess; and these precious faculties will never be obtained by men who rest contentedly in respectable traditions. There is said to be a plant which the Norman peasants call *Herbe maudite*, which, if a man tread upon it, he is spellbound, and turns round and round in the same place, believing that he is still going forward. A great deal of *herbe maudite* must grow in England, too, gentlemen, I think, from the complacent way in which many persons mistake wandering round and round in one rut for active progress. Do not think, however, that I am opposed to your reading books and to your storing your minds with such knowledge as has been harvested by those who have gone before you. On the contrary, read; but read without subservience to the writer, and read always when you can of such cases as you have at that time under your eye. Practise writing also constantly. To write readily is as hard to learn as to play the fiddle, and to form a clear style requires incessant attention and cultivation; but it has its ample reward in teaching you accuracy. Write from the life as you would paint from nature; thus your eye will be quickened and your memory much strengthened. To read only, and to read of cases you have never seen, is of little worth, for the green grass of forgetfulness will soon grow over the decay of such short-lived knowledge. Help us, then, to send you forth hence, not as Bartle Massey said of college, that "it mostly makes people like bladders—just good for nothing but to hold the stuff as is poured into them,"—but to send you forth able to think and observe for yourselves; not merely well-informed men, but acute, original, and able to put your own characters into all that you do. Yet, gentlemen, all learning, yea all thought, will avail you nothing unless you learn not only to give to your patients your intellects but your hearts also. In the face of the dark mysteries and awful responsibilities amid which you must work, you might well grow faint-hearted were you not conscious that the mounting fiery spirit of man, by its very dealing with these mysteries, makes itself equal with them, and makes good its claim to so high a mission. To quote one of the finest of modern poets:—

> "PAUSANIAS.—But I will also say, that when the gods
> Visit us, as they do, with sign and plague,
> To know those spells of time that stay their hand
> Were to live free from terror."
> "EMPEDOCLES.—Spells? Mistrust them.
> Mind is the spell which governs earth and heaven.
> Man has a mind with which to plan his safety:
> Know that, and help thyself."
>
> ARNOLD'S *Empedocles*.

To be thus called is the glory of man, but likewise will it return upon him as his curse if he give not his heart in like measure. One of the most bitter reproaches ever hurled at a physician was this: "You have not healed me, you have not comforted me, nor have you brought me consolation." Doctrines have changed, and will change onward, but the claim of man for man's sympathy has always remained the same; and may we ever remember with pride that, more than two thousand years ago, on the shores of the Ægean Sea, there flourished a glorious people, and that the bright Mediterranean sun shone on the face of one of the greatest of them, on the noble face of Hippocrates, the venerable father of our art. And is it not our truest pride in this great ancestor of ours, that, with an intellect as vast and as brilliant as any of those who lived in that glorious age, in him was found not only this, but also a great heart and a deep human compassion which lifted him immeasurably above them all. The founder of Western medicine was not only a profound thinker in the days when Plato and Aristotle taught the people, but he had a lofty sense of the true dignity of his art. Firm and energetic in action, no one had a keener sense of the duties and awful responsibilities of his profession; no one had a more bitter aversion for those unworthy persons who would taint or degrade it by quackery or self-conceit, and most of all no one has spoken more touchingly and with so pious a care for those afflicted fellow-creatures whom he was called to heal or to console. He knew well that the keenest eye may fail when not guided by human sympathy; that no diagnosis, however acute, and no system of treatment, however elaborate, can be perfect unless the heart goes with it. You will be called, gentlemen—many of you are called already,—to minister to the sick and weary; and remember that it is not, for the most part at least, that you will be called to help in cases of romantic trials or of picturesque misery. It is to the bedsides of the common people that you must go—go up dim entries to hear the sullen complaints of worn and listless women, to set the broken leg of a drunken brawler, to soothe the wearing cough of querulous age, or to endeavour to stay the fatal flux of sallow and shrivelling infants. These will be among your duties, and to the beds of these and of plain everyday, prosaic, unlovely people, high or low, rich or poor—to the beds of those who, having never known goodness, have never learned gratitude—must you bear with you, not only knowledge and dexterity, but also that gentle insight into the wounded spirit, that quick recognition of your human kinship with all sufferers, and those words, few and slight perhaps, but spoken without a grain of self in them, which will help the needy, comfort the sorrowful, and bring peace, if not healing, to the afflicted. Believe me, that he who lacks compassion, long-suffering and love for each one of his fellow-creatures, simply because they are each of them members of that human family to which we all belong,—though he have the intellect of a god, it shall be as foolishness; and though he have all knowledge, it shall turn within him to bitterness. And in your own lives, gentlemen, let simplicity and moderation be your guides to happiness. Happiness does not depend upon worldly success, but he is happy who can gather flowers in every pasture, and who does not trample on those simple pleasures which lie at his feet in his feverish yearning for things which are far off. Remember that the envious man waxeth lean, and we are, nowadays, too ambitious for place and money, so that we foolishly throw back all blessings but gold in the face of God. I have a thousand good wishes for you, and a hope for every one of them; but there is no one reward I would so gladly win for you when your work is done as the blessing of cheerfulness and a contented spirit.

THE CLIMATE OF PAU.

BY SIR ALEX. TAYLOR, KNT., M.D., F.R.S.E.,
SENIOR ENGLISH PHYSICIAN IN PAU.

WITHIN the last few weeks I have had constant applications from persons desirous to know how Pau may be affected in a financial and social sense by the severe trials which France has recently had to pass through. As these questions concern a large class of suffering invalids who frequent or may be sent to this sanatorium, the following remarks may be interesting.

1. On the subject as to how the increased taxation in France will press on visitors passing the winter at Pau, I may quote the words of a gentleman residing here, who is a banker and American vice-consul, financially well informed. He says, "As far as I can see, the price of the necessaries of life, with the exception perhaps of a few articles of grocery, will not be increased. Neither do I anticipate any heavy taxation on luxury; and I think I may safely affirm that, whatever increased taxation may be eventually adopted on this score, it will be so arranged that the consumer will not feel it much."

2. With regard to the state of feeling in Pau on political questions, as affecting their own countrymen and towards strangers, I can vouch with confidence (having had personal experience of the revolutions of 1848, 1851, and 1870-71) that there never has been any manifestation of excitement of a threatening character in the department of the Basses Pyrénées, with a population of half a million souls, although, from the exigencies of the war, latterly, it was entirely stripped of troops. During the whole of last winter, Pau, its capital, was crammed with French refugee families of distinction, amongst whom were ex-statesmen of rival dynasties and systems, all rubbing on smoothly together, without let or hindrance from anyone. There were comparatively few English and American families, but these were nearly all residents of long standing, whose entire confidence in the orderly character of the population was not misplaced.

Now that M. Thiers's position is consolidated, affairs will rapidly resume their normal state, and each one will put

his shoulder to the wheel to assist in righting the Government machine. The Department of the Basses Pyrénées is now highly favoured in having for prefet the Marquis de Nadaillac, a man of high distinction and eminently the friend of order. He and his family speak English well—a fortunate accomplishment in his position. He desired me, *avec empressement*, to assure my compatriots that he would be happy to do what he could to promote the comfort of the English visitors at Pau.

Last winter the fox-hounds were kept up, and a splendid new English club-house was opened. Golf, cricket, and other naturalised English games are ready for revival; and there is every reason to believe that Pau will speedily recover its lost ground and the old *prestige* of being one of the most agreeable and healthy resorts in Europe. This *prestige* had arisen from its gradual development during the last thirty years. In 1838 there were about 200 visitors of all nations. Before the war there were from 3000 to 4000 strangers, and the population of the town has been, in the same time, more than doubled, being now 26,000 souls.

As there is considerable misconception on the subject of the health-stations in the south of France, to which invalids are usually sent, I wish to be allowed, in the interest of the invalids themselves, to make some pertinent observations.

The climates in the south-west and south-east of France, although nearly in the same *latitude*, are opposite in their properties and in their effects on the human frame.

1. The climate of the south-west of France, of which Pau may be considered as the centre, is almost neutral in its properties, rarely showing a surplus either of humidity or dryness, free from cutting winds, sedative in its character, and soothing to the nervous and circulating systems; and diseases of the chest are rare among the natives. This climate belongs to the class of *sedative*.

2. The climate of the south-east of France, of which Montpellier may be considered as the centre, and in whose area are included Nice, Cannes, Mentone, Hyères, &c., is, on the contrary, electric and dry; subject, particularly in the spring, to keen and irritating winds, loaded often with impalpable dust, and productive of diseases of an acute type. We find, in a medical topography of Montpellier, the following statistical results of diseases during one year in the public hospital of that town:—The number of patients admitted was 2756; the proportion of deaths was 154, and of that number 53—that is, more than a third, were caused by diseases of the chest. These climates belong to the class of *exciting*.

3. It has been stated rather confidently by some authors that the climate of Pau is *relaxing*.

To produce a relaxing climate there must be two leading elements present: first, an elevated temperature; and secondly, the presence in the atmosphere of free communicable damp. These are not the characters of the Pau climate, since the *mean* of the *highest* temperature of eight months, from October to May, both inclusive, the invalids' season, is 56°, that of Greenwich being 49°; and the *mean* moisture of the air at 9 A.M. for the same period (air saturated with moisture being 1·00), is for Pau, ·79; for Greenwich, ·89; in the middle of the day the *mean* moisture of the air is for Pau, ·65; for Greenwich, ·79.

The following familiar facts support these indications:—1. Women find that, during rainy weather, their hair (living hygrometers) retains comparatively the crispness of its curl. 2. Steel articles are found little affected with rust, even in unoccupied houses. 3. Woollen articles stored in cupboards rarely require to be aired. 4. A towel saturated with wet will in a few hours, during rainy weather and in a room without a fire, become dry.

One might refer to clouds of witnesses, medical and others, competent from long residence in Pau to back up these statements, but I shall confine myself to a reference to the opinions of Dr. Louis, of Paris, acquainted by the experience of a long life with the diseases which render a change of climate necessary, but tied down by no association of ideas or habits of thinking, nor personal bias, to Pau or to any other place. He some years ago passed a winter in Pau in attendance on his only son, grown up almost to manhood, suffering from an advanced stage of pulmonary consumption, under which he succumbed. Dr. Louis before his departure from Pau sent, unsolicited, a letter to me, from which I shall give a few extracts—the more valuable as coming from one so well qualified to judge, and who, had his mind been differently constituted, might, suffering as he was under domestic calamity, be little disposed to regard favourably the climate which had in his case failed to answer the end for which he sought it.

All who have inhabited Pau have been struck with the generally tranquil state of the atmosphere, and have been led to think that it is this, rather than the higher temperature of the air, which gives the quality of *mildness* so peculiar to this climate. Dr. Louis writes: "After the magnificence of the landscape, one is above all struck on arriving at Pau with the calm of the atmosphere—a calm so complete from the 25th of October to the 13th of December, that I have seen the trees oscillate but never their branches; so much so that during the first six weeks of my sojourn in the capital of Bearn I lived in perpetual astonishment, having never either seen or heard of anything similar except in your book, which I before believed, I must confess, to bear marks of exaggeration on this point. Another fact not less evident and more remarkable even than the last, is the absence of free humidity in the air of Pau, such as shows itself in the interior of houses, in uninhabited apartments, and in staircases at certain seasons of the year, and which is so common in all climates, and which proves itself to be one of the most active agents of destruction wherever it occurs. These qualities of atmosphere, so rarely found united together, give to the climate of Pau a character altogether special, and ought under many circumstances to make its climate preferred to that of Rome or Nice, or other towns of the south, whose atmospheres are so often agitated by strong winds, which often prevent the invalid from taking exercise in the open air even when the temperature is sufficiently high. Indeed, persons now in Pau confess to finding themselves better there that at Rome or Nice, where they passed several winters, although the temperature was higher during the bad season of the year in those places than at Pau." Again he writes: "If I were called on to give advice to an individual who wished to avoid a severe winter, I would recommend him, as I have already done to others, to direct his steps to Pau, where he will find a mild temperature, an atmosphere rarely agitated by winds, and exempt from communicable damp, magnificent promenades, and all the appliances suitable to the wants of a rich community."

From what has been written above, it would be superfluous, in a communication addressed to the medical profession, to point out in detail the diseased conditions of the human frame likely to be beneficially influenced by the sedative climate of Pau. It will be necessary only to point out some general landmarks.

1. As the liability to scrofulous and lymphatic diseases in children is more a predisposition than an hereditary *germ*, it may not be illogical to infer that a climate in which the native population is sparingly visited with those affections is one, if betimes resorted to, calculated to discourage the bias to their development. And this doctrine will hold good with regard to liability to cerebral inflammation, false croup, spasmodic asthma, and inflammatory attacks in general. In verification of this, I can state, from my personal knowledge, that, several years ago, no British subject under the age of twelve years died at Pau during the previous seven consecutive years.

2. The climate acts also beneficially in discouraging the generation of tuberculous matter in the blood, by diminishing irritation of the mesenteric glands and lacteal system, and consequently preventing its deposition in different structures.

3. In checking tuberculous deposits from coming to maturity, by diminishing the velocity of the pulse and consequent frequency of respiration; and thus—in the lungs, for instance—preventing inflammatory fluxion to tuberculous points, which, as foreign bodies, under circumstances which increase the circulation, are liable to take on a softening process.

4. In all tendencies to disease depending on a nervo-sanguineous temperament: such as nervous headache, convulsive disorders in the same temperament, and liability to periodic inflammatory action; and all aberrations of secretion depending on too high a state of irritability of the secreting organ.

I may conclude this subject by a few words on the proportion of mortality absolutely in Pau, and relatively to

some other places. In Pau, one in 45 of the population die annually; in Birmingham, one in 43; in London, one in 40; in France generally, one in 39; in Paris, one in 32; in Nice, one in 31; in Naples, one in 28; in Rome, one in 25; in Vienna, one in 22½.

Pau, October, 1871.

ON POISONING FROM MORBID FLUIDS IN CONTACT WITH THE SKIN.

BY JAMES HENRY BENNET, M.D.,
LATE OBSTETRIC PHYSICIAN TO THE ROYAL FREE HOSPITAL.

ON reading Mr. Paget's interesting communication on "Dissection Poisons," it has occurred to me that my own experience may be worth recording, more especially as regards the sequelæ of such cases.

I can fully substantiate by my own personal history Mr. Paget's assertion that poisonous fluids often exercise their influence on the human economy by imbibition through the skin, without any solution of continuity. I have six times been thus poisoned—twice in post-mortem examinations, and four times in making uterine examinations, without having at the time the slightest visible wound or abrasion. On each occasion the poison seemed to pass down a hair into the hair-bulb; at least, a hair was in the very centre of the painful spot in which diseased action commenced. On the other hand, I dissected and taught anatomy in Paris for seven years, from twenty to twenty-seven, and during that time had cuts and wounds innumerable, without once being poisoned.

My first attack was at the age of twenty-four, when house-physician at La Pitié, and was the result of the post-mortem examination of a case of peritonitis. An excessively painful spot appeared on the medius finger of the left hand, which soon began to swell. Ribbon-like inflamed lymphatics ran up the arm, soon followed by erysipelatous inflammation of the skin, the arm swelling to the size of the leg. The axillary gland also became swollen and tender. The erysipelatous inflammation of the arm passed on to the walls of the chest; and matter formed in the finger, which had to be freely laid open. There was considerable constitutional disturbance, fever, and prostration. I was treated by my teacher and friend Lisfranc, who applied numerous leeches, cold lotions, and kept me on a spare diet. About the tenth day a remission came, and all the symptoms gradually subsided.

All subsequent attacks have been exactly of the same character, only each successive poisoning has been more severe. On each poisoning the lymphatics have become inflamed the second or third day, except on the last occasion, twelve years ago, when I destroyed the painful spot with potassa fusa within twenty-four hours of its appearance. I did not thereby prevent inflammation of the whole hand, nor suppuration of the subcutaneous cellular tissue in the finger; but I apparently prevented the extension of disease to the lymphatics of the arm. In this case the poisoning followed a post-mortem examination for uterine cancer. The disease had given rise to some interesting abdominal conditions, and my hands were long imbued in the morbid fluids.

The second attack, which occurred whilst I was still in the Paris hospitals, was the result of a mere vaginal examination, and was treated in the same manner, on antiphlogistic principles. The third and fourth were produced in the same way, by the imbibition through the sound skin of poisonous secretions in the course of active duties as a London obstetrician and a gynæcologist, without my being able to fix the poisoning on any particular case, owing to the number seen. On the fourth occasion, in 1857, I very nearly died. I was attended by my friend Mr. Erichsen. Another friend, Mr. Samuel Hey, the senior surgeon to the Leeds Infirmary, who saw me, says that he never recollects seeing any other person recover who was as near death from poisoning as I then was.

After this attack, however, I did not recover my health. I became subject to chronic laryngitis, and had symptoms of chronic low gout, to which I am constitutionally liable. Two years afterwards I had the fifth poisoning, which followed the cancer post-mortem. A fortnight later I was seized with subacute bronchitis, which lasted all summer; and in the following February I had a severe attack of hæmoptysis, which led to the discovery by my esteemed friend Dr. Quain of extensive tubercular deposit in the right lung. According to Dr. Williams, one-quarter of the lung was infiltrated; according to Dr. Quain and Professor Bennett, one-sixth. In the ensuing summer the disease progressed; extensive softening and the formation of cavities followed; and this state of things led to my giving up practice entirely for two years. At the end of that time I recovered sufficiently (to my great astonishment) to resume practice in a modified manner.

The chest disease was only arrested by adopting a hygienic country life, and by living, winter and summer, in a good climate. The summer months of that year, 1859, I spent on the west coast of Scotland, boating and fishing; the winter at Mentone, with marked improvement in the general health. Still, during that winter I had another poisoning, my last. I was casually asked to give a consulting opinion in a case of subacute vaginitis in a young lady with purulent discharge, and made a vaginal examination. The next day I had the old stinging burning red papule at the base of a hair, on the index finger. The papule ulcerated, and gave rise to a small, painful, burning, excavated ulceration, which lasted three weeks, only healing after repeated applications of the solid nitrate of silver. This time the mischief remained local; I had no subcutaneous cellular inflammation; no angioleucitis of the arm, or swelling of the axillary glands. My general health was no doubt better, so I resisted the local poisoning. Since then I have done a good deal of uterine surgery, and have exposed my fingers and hands to all kinds of morbid secretions, but I have never been poisoned. This immunity in one so susceptible is no doubt owing to the strictly hygienic life that I have since led, and to the fluids and solids of the economy having been constantly kept in a healthy condition.

It appears to me that my case is interesting and instructive in various ways. As an anatomist, notwithstanding a special susceptibility, I attained and preserved for seven years that immunity mentioned by Mr. Paget as attainable by the constant habit of dissection; but it did not preserve me from poisoning by morbid fluids produced by diseased processes in the living.

The liability to such poisoning, however, seems to have depended on the state of the general health. It was only after five years' hospital work, and after actually living in a hospital for a couple of years, that I succumbed to the danger to which I had previously been daily exposed—that is, when the general health had become lowered by "hospitalism." The same fact repeated itself in London. I was some eight years without being poisoned, although constantly exposed. But these were years of leisure and of hygienic life compared to those that followed once I became thoroughly immersed in active obstetric practice. No doubt the general health gave way first, without my perceiving it. Then the economy became a fit nidus for disease, and the poison being applied, it was received and germinated. Such, no doubt, is the origin of most zymotic disease. For an animal poison to act, to germinate as it were, whether imbibed through the skin or through an internal mucous membrane, the general vitality of the system must be modified so that the organisation constitutes a suitable nidus. What the conditions are which make the animal organisation such a nidus I will not discuss. Still I think, with the great majority of the profession, that a state of lowered organic vitality from defective hygienic conditions is one of the most frequent and most important of these conditions. This fact is illustrated by the sequelæ of my own case.

After four months' exposure to full hygienic conditions I had not lost the liability to poisoning by the skin; but I was sufficiently improved in general health to throw off the poison locally. Since then for twelve years I have kept the economy in a thorough state of hygienic vitality, and have satisfactorily resisted the morbid influence to which I had six times succumbed before. It is partly the conviction that a seventh poisoning would probably be the last that has kept me true to the resolution taken twelve years ago—viz., to abandon the active, excelsior path in my profession,

and to remain merely an outsider; working it is true, but making the care of my own health the first and paramount consideration.

During the course of my professional life several friends have died from a first poisoning; others have died from the second and third; others have died later from other diseases, probably induced by the poisoning. From their cases and from my own I think we may draw the practical deduction that any medical man thus poisoned should, if possible, give up work for a year. I would advise him, judging from my own personal experience, to spend a summer boating and fishing in Scotland or Ireland, and a winter on the shores of the Mediterranean. If the poisoning occur a second time he should (still if possible) withdraw either entirely or partially from the active duties of the profession. In the latter case he should confine himself to such practice as will allow him to live or sleep in the country *evermore*. Otherwise he may expect a repetition of the poisoning, death, or disease and death; nor can he reasonably complain if it is so, for he has had his warning.

Grosvenor-street, July, 1871.

A CASE OF SALIVARY CALCULI.

BY J. WYATT PRATT, M.R.C.S. ENG., &c.

L. P——, a retired medical gentleman, aged fifty-four; has been lately in good health, but formerly exhibited indications of strumous diathesis. Twenty years ago he suffered from symptoms of phthisis, and coughed up, during much bronchial irritation, several chalky concretions. Has passed, at varying intervals of a few years, without much discomfort, small single calculi from the left submaxillary duct. After three or four years' relief, on the 6th and 7th of July last he commenced to void many small calculi from the same situation, accompanied with painful mastication and uneasiness on the floor of the mouth.

July 8th.—Has had a bad night. At 10 A.M. he was found with both parotid, both submaxillary, and both sublingual glands much inflamed and enlarged; tonsils and uvula much increased in size, rendering deglutition very difficult, all food regurgitating into the posterior nares unless the nose was tightly held during attempts to swallow; tongue considerably enlarged, and covered with creamy fur; power of articulation almost lost; elevation at the termination of the left Whartonian duct prominent, and the duct itself distended by a small calculus, which was removed by Dr. Edwards (my senior partner), through the natural orifice, with a probe and pair of fine forceps, after which a quantity of saliva escaped and a little bead of pus. Opposite to the left lower first molar was a transparent vesication on the mucous membrane, over the sublingual gland, upon puncturing which a quantity of clear saliva-looking fluid escaped. Skin hot; pulse full and bounding, nearly 120; bowels confined; both cheeks puffy and much distended; breath very offensive, and saliva dribbling freely from the mouth. Ordered, two grains of calomel immediately; to inhale steam; brandy and milk diet; and twenty-five minims of chlorodyne at night.

9th.—Had a better night, and brought away two or three more calculi. A square block of white, smooth, firm lymph, as large as the crown of a molar tooth, had been secreted from the surface where the vesication had existed, and was now detached as it produced discomfort. Duct freely discharging saliva. Pyrexia diminished.

10th.—Restless night. Duct blocked up again; a blunt probe was introduced, and this had the effect of removing a little plug of sanious lymph, which was followed by a quantity of offensive pus. No calculi since yesterday. Block of lymph on the surface removed as before.

11th.—Continual discharge of healthy-looking pus from affected duct. Papilla at its entrance hard, and as large as a No. 1 shot. Block of lymph again requiring removal. Swelling reduced.

13th.—Swallows better. Left submaxillary gland still enlarged and tender; other glands diminished to natural size. Free discharge of pus. Ordered nitric acid and liberal diet.

Went on improving until the 22nd, when the largest calculus ulcerated its way through the duct, about half an inch from its mouth, and was easily removed with a pair of forceps.

From this time he progressed favourably. The fistulous opening caused by last calculus soon healed, and the discharge gradually ceased, though the floor of the mouth remained tender and irritable for three or four weeks.

The number of calculi passed during the fortnight was thirteen, varying in size from that of a good-sized pin's head to the largest, which is rather bigger than a full-sized grain of wheat, and was the only one that did not escape from the natural aperture of the gland duct. They are of a pale-fawn colour, roundish, slightly rough, and somewhat porous, and of very light specific gravity.

Wiveliscombe, Aug. 31st, 1871.

CASE OF ELEPHANTIASIS OF THE SCROTUM.

SUCCESSFUL OPERATION.

BY STEWART HALL HARRIS, L.K.Q.C.P., L.R.C.S.I.,
COLONIAL MEDICAL OFFICER, MONTSERRAT, WEST INDIES.

THOMAS H——, aged about fifty years, shoemaker, native of the West Indies, had always enjoyed good health. He stated that he first perceived swelling in the scrotum about fifteen years ago, and that some time afterwards, having applied for medical relief, on examination, it was found there existed a chronic hydrocele of the left tunica vaginalis testis, for which he had been submitted to the radical treatment of tapping, and about thirty ounces of serous fluid drawn off, the operation apparently proving effectual. About two years after, perceiving the scrotum becoming larger, he again made application for relief, when, as he states, the usual examination was made for hydrocele, as well as the use of acupuncture needles in ascertaining the nature of the swelling, which was discovered to be elephantiasis. Nothing being done for his relief for some variable time after, he finally again consulted my predecessor, when an operation was contemplated, but not carried into effect. The swelling and hardness continued to increase up to the present time, when I found it enormously enlarged, the tumour weighing 35 lb., and reaching to the knees in the erect posture, the patient being scarcely able to sustain the enormous mass.

His general health being good, I consulted my colleague with the purpose of removing the entire mass; and the date of operation being decided for the 29th ult., every necessary was in readiness for the occasion. The previous night I gave orders for the patient to be placed on the operation table the following morning, with the tumour suspended above the level of the abdomen in a sheet, by a pulley from the ceiling, for at least two hours previous to commencing the operation, the steps of which were as follows:—

After being placed thoroughly under the influence of chloroform, I commenced by making an incision at a point corresponding to the upper margin of the symphysis pubis, and extending it along the side of the base of the tumour to the raphé in the perineum, within an inch and a half of the anus. A similar incision being made on the opposite side, and connected above and below, the skin flaps were dissected down; after which I continued to divide the fascia, and underneath this the tunica communis. I then divided the cord, and included the spermatic artery in a ligature, from thence the intervening morbid structure, until I came to the penis, which was completely buried in the mass; and after amputating it and tying the dorsal artery, rapidly continued until I came to the cord of the opposite side, after the division of which I included the spermatic artery in a ligature, and, separating the remaining adhesions, completed the operation by bringing the skin flaps together with four points of suture, and finally applied a compress and T bandage. The operation lasted altogether about half or three-quarters of an hour.

The small amount of hæmorrhage which occurred was very remarkable, and took place from the spermatics and dorsal artery of the penis almost exclusively. The lat-

Mr. O'Ferrall's recommendation to suspend the tumour as in the manner done is well worthy of note as a great preventive of hæmorrhage.

July 29th.—Evening: pulse 120; stomach inclined to be sick; ordered forty minims of liquor of muriate of morphia to be taken at night.

30th.—Morning: has had a tolerably good night; pulse 110; complains of slight pain in the stomach. Evening: pulse 100; pain has left the stomach, and he has taken nourishment freely during the day.

August 1st.—Pulse still 100; has had a good night's rest, and feels much better; takes his nourishment freely.

The patient progressed favourably from day to day, the sutures being removed on the sixth day without the least hæmorrhage following. A very small portion of the wound healed by the first intention, the remainder having granulated; the wound was syringed morning and evening with carbolic-acid lotion.

Plymouth, Montserrat, West Indies, Sept. 7th, 1871.

A CASE OF TRIPLE COMPLICATION OF LABOUR.

By CHAS. HAMMOND, M.R.C.S., L.R.C.P.L.

On the 14th June, at 11 A.M., a messenger came to me to see Mrs. A——, residing four miles distant. I was away from home on a long round, and did not return until 5 P.M. The patient, aged thirty-nine, had been in labour with her eighth child since 1.30 A.M.; and a midwife had been called, who advised them to send for me, and departed. When I entered the room I was much struck with the cadaverous appearance of the patient, and ordered brandy. On making an examination, I found the placenta presenting, which was easily removed. On inquiry, I was informed that there had been no unusual hæmorrhage. I then administered ergot and brandy. As there were no pains, and as none followed after a reasonable time, I commenced turning, and gave more brandy. Still no pains followed, but the patient rapidly sank, and died within two hours after my arrival, before the delivery was completed.

I had sent for assistance to Mr. Curtis, of Alton, but he did not arrive until after the patient died.

On careful inquiry we could not find that the patient had sustained any notable shock, nor had the friends observed anything very unusual.

Mr. Curtis and I agreed to extract the fœtus, but found this impossible without perforating the head, when a gush of serum followed, which enabled the extraction to be completed and disclosed a very large hydrocephalus.

On the following day we made a post-mortem examination, when, on cutting down on the uterus, it was found to be the size of an adult head; the walls were about an inch and a half thick, with a rupture about six inches long, extending downwards on the posterior side and through the os.

The patient had fallen down on more than one occasion during her pregnancy, and hurt herself severely six weeks before, for which I had attended her. Mr. Curtis suggested, in explanation of the extensive rupture unaccompanied by notable shock, that the fall had injured the uterus, rendering it liable to rupture; that the rent had been small at first, and had extended with each pain.

Bentley, July, 1871.

PARASITIC DISEASES OF THE SCALP. — To destroy the parasites, Küchenmeister advises the use of alcohol, which retards the development of the sporules. It has, however, been shown that the alcohol does not reach the follicles. Tincture of iodine is more efficacious, but its use must be kept up at least three months, even in the most favourable cases. Prof. Von Erlach, of Berne, applies oil of turpentine with a camel's-hair brush, and maintains that this application is more certain of success than all others, and requires less time than the generality of applications. He states that he succeeded in curing porrigo decalvans in fifty days, and several cases of sycosis in a week.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

MIDDLESEX HOSPITAL.

TWO CASES OF CLEFT PALATE.

(Under the care of Mr. HULKE.)

WE are indebted to the house-surgeon, Mr. Davidson, for the notes of these cases.

Cleft of the Soft Palate; Staphyloraphy, under chloroform, with Smith's gag.—A little girl, two years and a half old, was operated on, under the influence of chloroform, by Mr. Hulke, with the aid of Smith's gag. The levatores palati were divided after Fergusson's method. There was but little bleeding, and no sickness. For about a week the case did well; and then, in a fit of coughing, the sutures were torn out, and the cleft was reopened. Thirteen months after the first operation Mr. Hulke operated again; using, on this occasion, silkworm-gut sutures instead of the ordinary ones of spun silk. On the fourteenth day two of the stitches, and on the nineteenth the remaining ones, were removed. There was perfect union throughout the entire length of the cleft.

Cleft in the Soft and Hard Palates; Staphyloraphy after Sir W. Fergusson's method, and uranoplasty after Langenbeck's.—A girl, seventeen years of age, was admitted with a cleft dividing the velum and also the hard palate as far forwards as the position of the incisive foramen. The maximum breadth of the cleft in the hard palate was half an inch, and the sides rose steeply from the alveolar border. For a few days the patient tickled the roof of her mouth with a feather, with the result of greatly diminishing its sensitiveness. Mr. Hulke united the halves of the velum by staphyloraphy. The great self-control of the patient enabled him to complete the operation in much less time than it usually occupies. The hinder part united immediately; but the front stitches were dragged out, and at this part a slight ulceration arose, which soon healed without doing much damage. Four months later Mr. Hulke closed the cleft in the hard palate, detaching the periosteum with the mucous membrane from the bones, as recommended by Langenbeck, by means of elevators, and separating the upper border of the velum from the posterior margin of the palatine process of the palatine bone. The flaps so made came readily together, and perfect union resulted, excepting at one point where a minute capillary aperture remained. When recently seen (two months after the second operation), the voice had greatly improved.

UNIVERSITY COLLEGE HOSPITAL.

REDUCTION OF OBESITY PREPARATORY TO OPERATION.

(Under the care of Mr. BERKELEY HILL.)

THE patient is the subject of a reducible inguinal hernia. He is a blacksmith by trade, and a man of active habits; though endowed with a well-developed muscular system, he suffers from extreme obesity, in consequence of which all attempts to control the hernia by means of trusses have failed. He is five feet nine inches in height, and weighed, on admission, eighteen stone six pounds. It is proposed to adopt Lister's antiseptic operation for the hernia, but, as a preparatory measure, an effort is being made to reduce the excessive deposit of adipose tissue. His diet consists of six ounces of meat with greens or turnips *ad libitum* for dinner; and tea without milk, though slightly sweetened, with bran biscuits, for breakfast and tea. In his desire to hasten the object in view, the patient usually takes no more than about two-thirds of his allowance of meat. In eighteen days he has lost seventeen pounds of weight. He professes

always to have been a small eater, and says that he has not suffered hunger since the first two or three days of the limited regimen.

CASES UNDER THE CARE OF MR. CHRISTOPHER HEATH.

Among others we noticed the following cases which had been under Mr. Heath's care during the vacation:—

A Case of rapidly recurring Epithelial Cancer in a young subject.—The patient is no more than twenty-one years of age. In February last he was admitted with an ulcer of the lip of doubtful appearance, which improved considerably during a course of iodide of potassium. On his presenting himself again a short time later, the ulcer was found to have undergone a decided increase, and to present features typical of epithelioma. It was accordingly excised in May last. After the operation the patient was sent to the sea-side, and, on his return, a plastic operation was undertaken with a view to improving the condition of his mouth. At the present time he is again an in-patient, with a distinct epitheliomatous growth and ulceration at that part of the upper lip which adjoins the old scar, and with affection of the lower jaw, extending along the alveolar process backwards from the canine tooth, which is ready to fall from its socket.

A Case of Rodent Ulcer.—The ulcer first declared itself thirty-two years ago, but did not begin to make rapid progress till about six years back. It now involves the whole of the left half of the forehead. Towards the centre of its surface the frontal bone appears to have been invaded, and movements communicated to the dura mater by the pulsation of the cerebral vessels can be distinctly observed. The patient is sixty-one years of age.

A Case of Ununited Fracture of the Tibia treated on Bickersteth's plan.—The patient suffered fracture of the tibia in January last, and it is surmised that the failure to secure primary union may be attributed to a severe "fever" from which the patient suffered five years ago in Malta, and which was followed in two years by extensive necrosis of the inferior maxilla. No history of syphilis has been elicited. The fracture is situated in the lower third. A month ago a steel drill was driven obliquely through the two fragments to a distance of five inches, thus pinning them together. On its removal, at the end of three weeks, sufficient union had been effected for the limb to be encased in plaster-of-Paris with every prospect of complete success.

ST. GEORGE'S HOSPITAL.

CASES UNDER THE CARE OF DR. OGLE.

Case of Epilepsy and Hemiplegia, probably syphilitic.—Susan S——, a married woman, aged thirty-three, pale and thin, who had enjoyed general good health until three months ago, when she became subject to "lumps" on the right side of the scalp. After they went away, she became liable to "fits." These have generally come on once a week, and are preceded by a "funny numb sensation" in the right hand, and last five or six minutes, during which time consciousness is completely lost. It appeared that the memory had not been affected; neither speech nor deglutition, nor the power of the sphincters, had been interfered with. At first the tongue used to be bitter, but it had not been so lately; it was protruded straight. On admission the right arm was in a sling, and the power of moving it was very defective, as also of moving the right leg; but no muscular rigidity existed. The power of the left limbs was entire. Everywhere sensibility of the skin was unimpaired, as also the sight, sense of smell, and hearing. The pupils and the movements of the eyes were natural. There had been no spasm or twitching of any of the muscles. The condition of the lungs and heart was natural. Although a syphilitic history could not be elicited, it would seem that probably this disease was at the root of the mischief. The patient is taking iodide of potassium.

Hemiplegia, probably from softening of embolic origin.—Mary R——, aged forty-five, a married woman, had suffered pain in the limbs for some days. She was anæmic, with a weak but regular pulse, and white and coated tongue. A systolic bruit was audible at the apex of the heart. The urine was acid and free from albumen. She had had rheumatic fever thirty years previously. A little Dover's powder at bedtime, and some senna for the next morning, were ordered. On the day after admission she was cheerful and natural at the early morning visit of the house-physician, but at one o'clock she was barely conscious. The left eye was partially closed, the mouth was drawn to the right, and the right arm and leg were paralysed. She has continued more or less in the same state ever since, showing little or no sign of pain or uneasiness, and but little consciousness at any time. There has been dysphagia and some stertor, at one time worse, at another better; and the urine, which has had to be drawn off from time to time, has become alkaline and slightly purulent. Bedsores also have made their appearance. A very interesting circumstance is that the temperature, which Dr. Ogle has regularly taken on both sides of the body ever since admission, has remained higher in the paralysed than the other side; on one or two occasions the difference was as great as four degrees.

Poisoning by Sulphuric Acid.—A woman took into her mouth a quantity of the acid by mistake, but appears to have spat it out immediately. She was at once treated with magnesia, and two hours afterwards she was brought to the hospital complaining of intense burning pain in the throat and stomach in the region of the œsophagus. The lips were greatly swollen and blistered, and the soft palate and uvula were observed to be congested and in places sloughing. The lining of the mouth otherwise was whitish, but not excoriated. Olive oil and bicarbonate of soda were given at intervals by the house-physician, Mr. Risdon. In the evening vomiting of an opaque milky substance commenced, and continued for a little time. Ice in fragments was then given. Two days after admission there was some difficulty in breathing, and Dr. Ogle feared that œdema of the glottis had set in. The pain in the throat was, however, less. Great relief was afforded by the sucking of ice and its application around the throat, and chlorate of potash frequently used as a wash. The patient's strength was maintained by suitable liquid food and small doses of brandy and soda-water. All the symptoms gradually subsided, and, after the use for a few days of quinine and iron, the patient was discharged well.

Poisoning by the Ammoniated Mercury.—The patient was a young woman who had taken a pennyworth (thirty or forty grains?) of the drug, under the impression that it was carbonate of soda. She was at once brought to the hospital, and Mr. Risdon gave an emetic of half a drachm of sulphate of zinc, which he followed up by an egg-and-milk mixture *ad libitum*. After the use of ice and effervescing salines, with a little opium, she soon became convalescent. The symptoms which she mainly complained of were pain at the epigastrium and a peculiar twitching of the muscles of the left arm and leg. For four-and-twenty hours the spasms were very manifest.

Hæmaturia.—The patient was a railway porter, aged sixty-one, and had previously been healthy. He had a yellowish tinge of face. About three months before admission he noticed a little blood in his urine; it gradually increased in quantity until, on admission, he appeared to pass almost pure bright-red blood. Of late scalding in passing the urine, and pains in the back, had existed. The hæmorrhage was worse at night, the urethra being often blocked up by coagula. He had been for a month an out-patient. On admission there was no pain in the groin or down the thighs, no retraction of or pain in the testicle; no gravel; no history of any calculus having been passed; and no tumour of the abdomen could be felt. A warm bath was ordered and aperients given, and strict rest enjoined. The next day the urine was much less bloody. The passage of blood and the pain in passing it daily diminished, and Dr. Ogle, wishing to try the effect of rest, gave no medicine except a senna aperient, and ordered a warm bath. Twelve days after admission the blood had entirely ceased, and not even could any albumen be detected in the urine. The tincture of perchloride of iron was given for some days afterwards, and the patient went out recovered. Dr. Ogle caused the patient to take one or two long walks in the park, but no hæmorrhage followed. He has, since his departure from the hospital, returned to show himself, but hæmorrhage had not recurred. At one time Dr. Ogle was about to have the bladder and prostate examined by the sound, &c., but Mr. Lee thought it better not to interfere mechanically.

Three Cases of Chorea.—The first was that of a healthy young woman, aged nineteen, who had been married lately, and was three months pregnant. Quickening had not been experienced. Without any apparent cause, such as fright, mental emotion, worms, or rheumatism, chorea, chiefly affecting the left side, came on about three weeks before admission. This was the first attack. She was treated by ether spray applied along the vertebræ at intervals. A second case was that of a girl, aged fourteen, in whom the left side was much affected. This was the third attack. No ostensible cause for the affection existed. She is taking the liquor arsenicalis. Both these cases are still under treatment. The third case was that of a youth, aged eighteen, who had been in perfectly good health until two months before admission, when twitchings of the left arm came on. The left side of the face then became affected, and these parts have remained so. He first had a calomel and jalap purge, and subsequently was treated by five-drop doses of solution of arsenite of potassium, followed by the cold shower-bath daily, with good diet. He left the hospital almost entirely well.

A case of *paraplegia*, in an old man, which had come on suddenly a few weeks before admission, apparently in connexion with constipation. The sensibility of the skin was not apparently impaired, nor were the sphincters affected. Under the use of aperients, followed by increasing doses of the solution of strychnia three times daily, he steadily improved.

A case of *œdema of the lungs* in heart disease much improved by the use of super-tartrate of potash given as a diuretic linctus: and a case of *gout*, with gouty deposits in the ears, relieved by the citrate of lithia, which acted strongly as a diuretic.

Diminution of *ascites* from disease of the liver under the use of iodide of potassium and soap liniment applied over the abdomen.

A case of *diseased heart* in which most intense dyspnœa existed, the only bearable posture being that of kneeling. Much relief followed hæmoptysis. After death very contracted mitral orifice was found, but during life no cardiac bruit had been detected.

ST. MARY'S HOSPITAL.

ANEURISM OF THE UPPER PART OF THE RIGHT COMMON CAROTID ARTERY; LIGATURE OF THE VESSEL; RECOVERY.

(Under the care of Mr. JAMES LANE.)

EDWARD H——, aged thirty-nine, bootcloser, was admitted June 26th, 1871, with a large pulsating tumour on the right side of the neck, corresponding in position to the upper part of the common carotid artery. He had first noticed a small swelling about nine months previously, which had gradually increased in size until it measured, on his admission, about two inches in the vertical, and three inches in the transverse direction, pushing the os hyoides and larynx over towards the left side. The tumour had a strong and distinctly *expanding* pulsation; its size was diminished by steady compression, and also when pressure was applied to the trunk of the carotid artery below it. The patient complained of some difficulty in swallowing, and of uneasy sensations in the right side of the head and right ear, but his principal annoyance was the strong bounding pulsation in the tumour.

Operation (June 28th.)—A vertical incision was made three inches and a half in length, from the lower part of the tumour to the sterno-clavicular articulation. After division of the deep fascia and ligature of a vein, the inner edge of the sterno-mastoid muscle was exposed. This being drawn outwards, the omo-hyoid, sterno-hyoid, and sterno-thyroid muscles were seen. The first being pushed upwards, and the last two drawn inwards, the thyroid gland was freely exposed, and the artery seen close to its posterior border. A silk ligature was applied to it about two inches above the sterno-clavicular joint, and one inch and a half below the tumour. Neither jugular vein nor par-vagum nerve was exposed.

The pulsation in the tumour was arrested when the ligature was tied, but returned to a slight extent the same evening. On the following day, however, it had entirely ceased, and never recurred either in the tumour or in the branches of the external carotid artery. No symptoms indicating disturbance of the cerebral circulation were at any time observed, but a record of the temperature of the two sides of the head, taken in the auditory meatus, showed an increase to about one degree on the ligatured side for the first two days, after which it soon became level with, and then sank somewhat below, that of the sound side.

There was some suppuration in the wound, but on the whole it healed favourably. The ligature did not separate till the twenty-third day. Two days after the operation the tumour had a firm, solid feel, and was sensibly diminished in bulk. At the end of ten days it was not more than one-third of its size before the operation. Its absorption proceeded steadily and uninterruptedly, though his recovery was somewhat delayed by the formation of an abscess at the lower part of the neck, which prolonged his stay in the hospital till August 16th. At that date the tumour had almost disappeared; and on his presenting himself for inspection on Sept. 18th, eleven weeks after the operation, scarcely any trace of it could be discovered.

Reviews and Notices of Books.

Text-book of Skin Diseases. By Dr. ISIDOR NEUMANN, Lecturer on Dermatology in the Imperial University of Vienna. Translated from the Second German Edition by A. PULLAR, M.D. Edin., Physician to the East London Hospital for Children. Large 8vo, pp. 329, with 67 woodcuts. London: Hardwicke. 1871.

DR. NEUMANN is known to be one of the most zealous as well as one of the leading dermatologists of Vienna. His researches into the pathological changes that take place in cutaneous diseases are amongst the very best that have been undertaken of late years, and he has earned for himself the reputation of an accurate observer. The translation of his work into English, therefore, will be a great boon to the student of cutaneous medicine in this country who is anxious to make himself more thoroughly acquainted with the pathology of skin diseases, and to study these diseases in a really scientific spirit. We shall have something more to say presently upon the general value of the work. It is divided into two parts, general and special. The former deals briefly with the structure of the skin, and generally with the etiology, course, elementary lesions, and diagnosis and treatment, but only in a very cursory manner. The second part treats of the various diseases of the skin under nine classes: (1) anomalies of secretion; (2) inflammatory affections, subdivided into contagious, non-contagious, and traumatic affections; (3) hæmorrhagic; (4) hypertrophic; (5) atrophic; (6) new formations—i.e., lupus, syphilis, leprosy, keloid, fibroma, adenoma, &c.; (7) anomalies of pigmentation; (8) neurotic affections; and (9) parasitic affections. Neumann adopts Hebra's classification in a modified form.

Now we confess that the work of Neumann always disappointed us in one most essential particular: that it contained only the most meagre account of therapeutics. Neumann, as a member of the German school, completely ignores the importance of constitutional remedies in skin diseases. Moreover he does not recognise any close connexion between functional disorders of the more important internal organs and cutaneous affections, and hence all the treatment given us is purely local. Take the case of eczema. He says he never employs internal remedies "except in cases in which the affection is evidently dependent upon diseases of the internal organs." He refers to eczema of the hands occurring in dyspeptic subjects, and to eczema in chlorotic persons, and to these cases only; but we observe that he gives arsenic and carbolic acid in obstinate cases, we imagine empirically. Speaking of pemphigus, he says that of in-

ternal remedies "only quinine is worthy of notice"; the whole treatment is disposed of in nine lines, and that of acne simplex in twenty-nine lines, for which disease he discards all internal drugs. The treatment of impetigo has five lines given it; that of psoriasis, however, is more fully dealt with, and Neumann really praises the action of arsenic and carbolic acid in it. But the treatment of skin disease generally, except in the matter of the application of soap, oil, and water in certain affections, is as scantily discussed as the above examples would lead the reader to imagine.

But when we turn to the pathological section of the work, we find most excellent matter. Neumann has been able to remove pieces of integument from patients, and to observe for himself the minute changes in cutaneous disease; and he gives us representations of the skin in variola, erysipelas, zoster, eczema, psoriasis, lichen ruber, prurigo, ichthyosis, sklerema, senile skin, lupus, syphilis, fibroma, leprosy, keloid, and other diseases, with excellent text in detail, which we recommend to the careful notice of our readers. In regard to the actual pathology of skin diseases, no better guide can be taken than Neumann.

Dr. Pullar has made a very good translation, and is to be congratulated on the completion of his task. To those who wish to make themselves acquainted specially with the details of the local treatment of skin diseases in vogue at Vienna, no less than to seekers after the latest pathological cutaneous researches, we commend the book. But we can hardly say the same to the English practitioner who wants a book of reference for his guidance in the management of the cases of skin disease that fall into his hands for treatment. And this brings us to our final remark, that considerable caution should always be exercised in accepting the description of skin diseases by foreign dermatologists, and as they occur in foreign countries, as accurate portraits of English diseases. We say this emphatically, that the same cutaneous disease differs sometimes materially in its characters as observed in this country, in Paris, in Vienna, and in America. We need only mention the cases of psoriasis, lichen ruber, parasitic sycosis, lupus, and prurigo as illustrating this fact; and Dr. Duhring, of Philadelphia, has very recently expressed to the writer his conviction of the truth of this statement, which has been forced upon him since his return from Europe, where his attention was called specially to the fact. Then, again, the co-existent conditions are very different in the natives of different countries; and we are convinced that the same treatment is not always applicable to the same disease in the Englishman, the German, and the American, for instance. The difference may not be great in some cases perhaps; it is more in others; but in regard of certain diseases it is a marked one. We are convinced from experience that the Englishman does not bear the rough local treatment recommended by the Viennese dermatologists. What we wish to point out is, that whilst the works of foreign dermatologists are of great value to the English student generally, there are certain peculiarities of treatment appropriate to the English constitution which can only be got at by English experience. By all means let our readers study Neumann for pathology.

OUR LIBRARY TABLE.

The Micrographic Dictionary; a Guide to the Examination and Investigation of the Structure and Nature of Microscopic Objects. Third Edition. London: John Van Voorst. 1871.—This most useful and standard work has now reached its third edition, which is being edited by Dr. Griffith, the Rev. J. M. Berkeley, and Mr. Rupert Jones. The book is to be issued in monthly parts; and those for September and October have just reached us. They contain an admirable introduction on the use of the microscope and the examination of microscopic objects, brought up, as regards its contents, fully to the knowledge of the present time; and a description of terms, &c., up to the word "amber." Our readers will be glad to hear of the new issue of the work in a still more perfect and complete form.

Phrenology and how to use it in Analysing Character. By NICHOLAS MORGAN. London: Longmans. 1871.—This is an amusing kind of book in its way; but it does nothing whatever towards placing phrenology on a surer foundation, or giving it a title to be regarded as a science. There is a portrait of the author by way of a frontispiece, who is doing his best, we may suppose, to look thoughtful and wise; and there are many good portraits of notabilities of the present age. Appended to each of these portraits is a kind of summary of the character of the individual, phrenologically considered. We read a few of them, and came to the conclusion that we could have succeeded in drawing up something very similar "out of our own heads," as children say. At any rate, we should have preferred a reference to newspapers and journals to any observation of skulls for our estimate of the characters of public persons. It was once remarked of a writer who always made the decease of a friend the occasion for writing his biography, that he constituted "another fear of death"; and so some people who find their portraits in this book, with the estimates that Mr. Nicholas Morgan has formed of them, may not feel flattered. The illustrations of amativeness large, and of destructiveness, are certainly not pretty specimens of skulls. We are told of the "nutritive temperament," whatever that may be, that it "takes all the nerve-force the brain can generate to supply the digestive apparatus." The faces of the models, by the way, usually possess that swollen aspect and unamiable expression which belong to so many asphyxiated murderers.

A Complete History of the Welsh Fasting Girl, with comments thereon, and observations on Death from Starvation. By ROBERT FOWLER, M.D. Edin. London: Renshaw. 1871.—This work gives a most perfect account of all the principal facts connected with the life and death of Sarah Jacob, and of the ignorance, superstition, and indiscretion which helped her notoriety, and caused her unhappy death. The work is valuable as commemorating, in a compact and portable form, the leading facts of a case which is interesting alike from its physiological and its medico-legal aspects. Several cases of starvation have been collected by Dr. Fowler for the purpose of comparison with the case of Sarah Jacob, and he shows, with tolerable conclusiveness, that the real cause of her death was undoubtedly acute starvation.

The Miscellaneous Writings and Speeches of Lord Macaulay. A New Edition. London: Longmans, Green, Reader, and Dyer. 1871.—We welcome a new edition of this work, which, as its title implies, is a kind of Macaulay scrap-book. The biographical sketches, which include Goldsmith, Johnson, Bunyan, and some others, have a peculiar charm. Those who desire to know what Macaulay could do in the way of vituperation should turn to his notice of Barère.

DESTRUCTION OF LIFE BY AN ELEPHANT.—In the *Indian Medical Gazette* of September 1st, 1871, we read of an elephant which entered the Mandla district from the Rewa territory, and proceeded from village to village, killing men, women, and children to the number of twenty-one persons. This happened between 27th January and 17th February this year. The brute was ultimately driven away by a body of armed constables. It is stated that, in addition to tearing its victims limb from limb, it devoured some of them.

INTRODUCTORY ADDRESSES DELIVERED AT THE PROVINCIAL MEDICAL SCHOOLS.

QUEEN'S COLLEGE, BIRMINGHAM.

DR. J. RUSSELL commenced his address by quoting the introductory remarks with which Burton opens the chapter on the "Cure of Melancholy," because, as he observed, they present a more correct representation of the function of the medical practitioner than that which generally obtains. In place of imposing the entire responsibility in treating disease upon the medical adviser, leaving the patient to digest the medicine and swallow the advice he receives with co-operation on his own part, the author regards the patient as an active agent in effecting his own cure, and reminds him that, if the doctor has a duty to perform towards him, he has also a duty which he owes to the doctor. Dr. Russell was thus led to dwell upon the two-sided character presented by the medical profession, its relation to medicine as a science, and its relation to the society in which the science is to be applied.

In developing the subject, the lecturer proceeded to comment on the influence which public thought has exerted over the interests of the medical profession, viewed merely in its scientific relation, noticing how, in narrating every step which has been made, the historian instinctively turns his eyes to the general state of learning at the time, and how universally medical opinion has been the reflection of the opinion of the age in which it has been formed. In one particular, however, he believed that medical science stood in contrast to the philosophy by which it was surrounded, at least in the earlier periods of its history. If Macaulay has rightly selected as the characteristic element of the ancient philosophy, that "it disdained to be useful, and was content to be stationary," that "it could not condescend to the humble office of ministering to the comfort of human beings," then medicine must claim to have had a higher aim throughout its various fortunes, that aim being the very one which the same author advances as the distinguishing feature of the Baconian philosophy—"fruit," "the multiplying of human enjoyment, and the mitigating of human suffering."

Dr. Russell then proceeded to regard his subject in another aspect—one always of importance, but never of so much importance as at the present day. He observed that the evils with which medical science has had to deal have been in no small measure the product of human passion, and in a still greater measure have resulted from ignorance of those laws which have been imposed by Providence as necessary conditions for the preservation of health; and he noticed that the success, or want of success, which has attended the efforts made for the removal of such evils, has depended in no small measure upon the degree of intelligence with which the subject has been regarded by the public at large. This statement may be applied to disease in all its forms, but it is illustrated on a large scale by the history of nations. He glanced at the pestilences which form so prominent a feature in past ages, preceded in almost every instance by famine, the consequence sometimes of bad seasons, but rendered so fatal in their results through ignorance of agriculture, through defective legislation, and through want of free intercourse between different districts; but far more frequently the consequence of civil and foreign wars, of the evil policy of kings and nobles, and of popular outbreaks against the violence of rapacious governors. Then he passed to other causes of public disease connected with social or private life, as exemplified by the mode of living prevalent in the middle ages, by the condition of the land, covered as it was by fir and morass; by the state of our prisons, as revealed by Howard; of our ships and hospitals, as disclosed by Lind, Blane, and Pringle, down to the present time, when sanitary inquiry is announcing the presence of evils of precisely the same kind, and is tracing up to these evils precisely the same effects.

It is of vast moment to the interests of humanity that both parties in these matters, the profession and the public, should understand their part in the responsibility to be borne. An enlightened public must be the correlative of an educated scientific body, or nothing can be done.

"But there is another element besides the intellectual, powerful in determining human conduct, which is closely involved in the relation held by the public towards the medical profession, and is mainly determined by the spirit in which the work of the profession is regarded: I mean," said the lecturer, "the character of its several members. The medical profession is in the position of having to study science with reference to its immediate application, and the aspect in which the subject presents itself to the minds of medical men is not that of abstract truth, but of truth valuable in proportion as it can be made available for the benefit of mankind. Their discussions, therefore, must be influenced by a consciousness of the momentous nature of the interests involved, and by the knowledge that the main responsibility rests upon their own shoulders. On this account it is natural and proper that medical men should throw their whole heart into the controversy. Thus it has happened that the relation held by the public towards the advocate of medical truth has not always been consistent: sometimes he is credited with possessing precise knowledge such as can belong to the student of physical science only; at others he is regarded with absolute scepticism because he does not, like Molière's M. Purgon, 'believe in his set rules more than in all the demonstrations of mathematics—finding in medicine nothing uncertain, nothing difficult.'

"The language of the student of medicine will be modest in exact proportion as he has obtained a better acquaintance with his subject, and a larger view of its several relations. Yet he is no stranger to the tone of authority when circumstances justify its assumption. He knows that the conditions with which he deals are regulated by fixed laws, and where such laws have been clearly eliminated he announces them with all the authority of ascertained truth. And in the operation of these same laws he recognises a limitation placed upon his own power. He knows that it is as impossible for his science to avert the effects of sensuality upon the bodily functions, as for the ethical philosopher to prevent its exerting its baneful influence upon the mind. Nor can medical science be expected to shield a community from the consequences of violating the conditions imposed by Providence for the preservation of health: foul drains will generate fever, let science say what it will; overtaxed brains will fail, overstrained muscles will ache. But if in a large part of her utterances medical science wisely uses a less dogmatic tone, it is because the interests with which she concerns herself are closely interwoven with those moral and physical conditions which constitute the discipline of life, and determine a man's moral position in the world. Hence, doubtless, the reason that many of the problems of health and disease appeal to men as free agents, and call upon them to assume a share of responsibility in the use they make of the knowledge which is afforded to them."

The lecturer concluded with some remarks addressed to the students of the College, reminding them that their science, like that of politicians, to which it has in many respects a close analogy, is intended for immediate application, and for application to man in his daily habits and modes of thought; and suggesting how they may pursue their studies, and engage in the discipline of the College so as best to form for themselves a character which shall fit them for the discharge of their onerous and important duties.

QUEEN'S HOSPITAL, BIRMINGHAM.

MR. FURNEAUX JORDAN delivered the introductory address. The lecture was devoted to the question of clinical education. After certain preliminary remarks in reference to the work to be done in hospitals, he proceeded:—

"And now comes the most important question that can be asked to-day. How are you best to be taught, and how are you best to learn all about disease—to learn, in short, the science of medicine? My reply is, in the same way in which you would best be taught and best learn any science, or art, or calling, or trade, or language, or anything which men can be taught, and which they can learn. I shall be glad if I have excited your curiosity to ask, what is this best way? I will answer by giving you in three words the opinion of, as I believe, the highest living authority on such a subject, the opinion, namely, of Mr. Stuart Mill. In learning anything, three things, he observes, are

necessary—models, rules, and practice. The most difficult callings are best learnt as a child learns its mother tongue. It imitates such models as are near it, then it is taught rules, then it puts them into practice. If it be given the best models, taught the best rules, and afforded sufficient opportunities for practice, it best learns the language. The most successful clinical instruction then, I venture with confidence to affirm, is that which supplies the best examples of how diseases are investigated, discriminated, and treated, which teaches the best and truest rules for the observation, detection, and treatment of disease, and which affords the fullest opportunities of imitating the examples and applying the rules. It is the appropriate combination of these methods of study which leads to success. Both teachers and learners frequently adopt one method, to the exclusion of all others. One teacher, if he can be called a teacher, for instance, will set an example only of what has to be done, and neglect to instil rules, or give opportunities for practice. Another teacher is indifferent to the importance of models, but will supply rules, perhaps to an indefinite extent, in the shape of formal lectures, in a room in which there is not a single illustration of disease. Another will set examples and teach rules, but will not encourage the pupil to imitate the examples, or apply the rules. I am compelled to say that pupils still more frequently fall into similar errors. A certain number are quite willing to witness the models, medical or surgical, and sometimes even to imitate them, but they shrink from the labour of learning the rules. These are the so-called practical men. Others see only the importance of the rules, and labour under the delusion that copious notes of systematic lectures, and industrious reading by their own firesides will take the place of the imitation of models, and of practical examination of cases of disease. These are the so-called book-men. Incredible as it may seem, a few will neither witness the examples, nor learn the rules or principles, but will actually in their own sweet way examine and treat cases. It is difficult to say other of these men than that they are vain and ignorant. It is our duty as teachers to set the example of how facts are ascertained. Every method we adopt is the application of some fact, or rule, or principle; and it is our duty to explain these to you. We have, or ought to have, a reason for everything we do; the reasons are the rules.

"The perfection of clinical teaching," Mr. Jordan said, "is this: that the teacher shall set the best example, and the pupil shall follow it; that the teacher shall instil the best rules and suggest the best books, and the pupil shall diligently learn them; that the teacher shall freely furnish, and the pupil freely embrace, practical exercises on the imitation of examples and the application of rules." He declared, as regards teachers, that "exacting, questioning, critical pupils develop care, accuracy, and judgment in teachers. Good pupils develop good teachers almost as much as good teachers develop good pupils. Truisms often require repetition. I shall, therefore, say that a teacher must be full of information; he must be accurate; he must be ready in putting his ideas into words; his mind must be clear and direct; his language must be terse and to the point; he must love his work. But this is not enough. He must frequently point to the line which divides the known from the unknown. In teaching the known he must be, more or less, a dogmatist; in inquiring into the unknown he must be a student. But, as a student, he must frequently verify the known, and as a dogmatist he must ever remember that it is his duty to 'encourage inquiry rather than enforce belief.' But the teacher (and the advanced pupil, too,) is often in this difficulty—he has to decide for himself what is known and what is unknown. In examining the new views which are brought before his judgment in constantly increasing amount, it needs that he should be, as regards authority, not too deferential nor too independent, neither too credulous nor too sceptical.....

"One great art," he proceeded, "in clinically teaching the rules or facts of disease is to classify them according to their importance. To interest and impress the student, it is necessary to group clinical truths very much as an artist groups objects in a picture. The large objects must be in the foreground, they must be well defined and stand in a good light; next to these are objects a little less noteworthy, and still further in the shade are smaller but still visible objects. So in disease, there are the large truths, the truths only a little less in size, and the crowd of smaller truths. To put these clearly in their proper place is a laborious but a much more effective educational means than to relate a dull chronicle of facts. There is as much difference between the two methods as there is between Carlyle's History of the French Revolution and the driest chronicle that was ever written.....

"If I am correct in enforcing to-day the utility of the application of Mr. Mill's dictum to the purposes of clinical education, it is clear that the zealous student has, like the teacher, a threefold duty to perform. He must witness good models, he must learn good rules, and he must put both into practical operation.

"To get knowledge, however, is not enough. It is well to cultivate every nerve function through which knowledge may be obtained. I may say more, by way of parenthesis, that we err in unduly cultivating the ideational aspect of our nervous system. Because in pigs sensations predominate over ideas, we must not, therefore, grow ashamed of our sensations. There is at present a tendency to underrate animals, and to make ourselves as unlike them as possible. Man, however, was not intended to become a helpless bundle of ideas; although the paragon of animals, man is nevertheless an animal. Acuteness of touch, of the muscular sense, of sight and hearing, quick action, endurance, courage, are all necessary to give ideas their fullest value. Trained sight for the use of the microscope, ophthalmoscope, and laryngoscope; trained hearing for the stethoscope; trained touch for the detection of fluctuation, elasticity, doughiness, crepitation and crepitus, are necessary adjuncts to trained observation and trained reasoning power. I have a strong impression that high nerve functions run together. Oftenest in the same man are combined the most delicate touch, the truest eyesight, the keenest emotions, the clearest ideas, the strongest will, the promptest action."

Mr. Jordan concluded by advancing reasons why the students should manfully encounter, in the confident hope of overcoming, the difficulties which beset the path they had chosen.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-UPON-TYNE.

THE address was delivered by Dr. PHILIPSON, lecturer on Pathological Anatomy, and was devoted to the subject of education, with special reference to the student in medicine and surgery. The aphorism of Paley, that "education, in the most extensive sense of the word, may comprehend every preparation that is made in our youth for the sequel of our lives," was commended as worthy of daily remembrance, and fitting as the lesson to be inculcated at the inauguration of a new session of medical study.

The education of the school was contrasted with that of the college, an important difference being that in the latter the duties were more self-imposed, and that the lecturer was not responsible like the master of the school for the progress of the pupil, the responsibility being removed from the teacher to the taught. The lecturer was able to show the way, and to cheer and encourage by example, sympathy, and advice; but the pilgrimage was to be performed by the student himself. Real knowledge, like everything else of the highest value, could not be obtained easily; it was to be worked for, studied for, and thought for; and that was education which laid the foundation of such habits.

The effect of medical studies upon the intellect was then considered; it being stated that the cultivation of the powers of attention and of memory was of primary importance, as the foundation on which all the higher powers of the mind, as judgment, imagination, and reasoning, were based, without which diseases could not be understood nor their causes appreciated. It was to the discriminative exercise of observation that we were indebted for all that was known of the causes of disease, of the recognition and interpretation of symptoms, and of the distinctive features of very different, though often deceptively similar, maladies.

The importance of constantly aiding the teaching of the lecture-room by the practice of the hospital was then insisted on. Both methods of study were to be pursued to-

gether, and no student would do justice to himself or to his art if he should neglect either. The knowledge contained in books was to be imprinted by the lesson of the ward, and the actual phenomena of disease were to give life and interest to the systematic discription. By the bedside the student would be taught to exercise his senses, how to recognise the origin and the progress of disease, how to elicit a clear and careful history, and how to sift and balance evidence. He would also learn how to connect symptoms with pathological changes, and how to modify remedies and appliances to suit special requirements.

The student was recommended to repress all independent inquiry until he was certain that he could avoid confounding probability with ascertained fact, and until he had learnt to subject all doubtful explanations to the test of a rigid logic. He was to accept what was told him without seeking to pass beyond it, and to be satisfied with what might be termed the routine of science; for as in his case speculation could not be corrected by direct experiment, and as imagination could not be kept in bounds by a sufficient breadth of knowledge, he would arrive at conclusions which were utterly untenable, and form inferences which a deeper study would have shown him to be impossible.

After alluding to the obligations of the profession, its trials and difficulties, the lecturer reminded the student that college life possessed peculiar advantages for indoctrinating the duties of life, as well as being a training of the mental faculties; and expressed the hope that he would emerge from its influences loving truth and honour, and actuated by high and noble motives in his dealings with others. Thus his moral would equal his intellectual education; and if he was true to himself, he would never have reason to regret that he had entered upon a profession which had power both to cultivate the mind and to purify the heart.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

THE introductory address was given by Mr. WM. CARTER, and was directed partly to those entering, and partly to those about to leave the school. After some preliminary remarks, in which, among other things, the main difference between their previous education and that upon which they were about to enter—namely, the circumstance that each subject of study had a practical side—was pointed out, the new students were reminded of several facts which, though simple, were not unfrequently disregarded. The first was that when an hour was mentioned as that on which a lecture was to be given, it was that hour, and not five minutes after, that was meant; the lecturer quoting the example of Dr. Samuel Johnson, who was always in church five minutes before the commencement of the service, because, as he said, he made it "part of his religion not to disturb the devotion of other people," and reminding the students how undesirable it would be to form a habit of want of punctuality by systematically being a little late for lecture. A second was that the object of attending a medical school was to learn how to mitigate or cure disease; it being remarked that the man whose mind rested in the mere intellectualities of medicine was like a scientific ship's carpenter who knew the structure of beams, and the exact amount of strain they could bear, and who, from his acquaintance with the laws of fluid pressure and motion, could tell to the minute when a ship with a given hole in her side would founder, but who had never thought it worth his while to learn how to stop a leak. Thirdly, the danger of neglecting the fact experience, simply because the word "experience" had been greatly abused by those who talked much about it but followed it little, was pointed out; and, with a view to the acquisition of this, constant attendance on the hospital wards and use of the note-book were recommended, the example of Laennec being quoted, who while a pupil at La Charité drew up a minute history of nearly 400 cases of disease, which furnished the groundwork of all his future researches and discoveries. On the subject of reading, the mean between reading too much and reading too little was advised. In allusion to overloading the brain with many books John Locke's warning was quoted, in which he says, "He that sinks his vessel by overloading it, though it be of gold and silver and precious stones, will give his owner but an ill account of his voyage." On the opposite side the duodecimo manuals, that profess to contain the whole circle of the medical sciences within their covers, were held up as noxious things, to be shunned by every honest student. Lastly, they were urged not to view their studies in the light of an examination merely, but to strive so to learn as to be able to practise well, in which case passing would be certain.

The students who were expecting now to leave the school were advised not to neglect the study of several subjects not included in ordinary curricula, one of the chief of which was general hygiene. Several of the dangers and temptations which beset the paths of young men just entering on actual professional life were pointed out, such as those of rashly giving certificates; of rushing into a specialty for the mere purpose of quickly getting on, and without first acquiring special knowledge; of indulging the world, through the medium of the public press, with accounts of peculiar cases, or with magnified descriptions of ordinary ones; of rashly announcing new cures; or, worst of all, of publishing novel but useless dogmas which are to revolutionise medicine, and of writing pamphlets, books, and letters to general newspapers with the object, not so much of imparting really useful information, as of convincing the world of the importance and wisdom of their authors. The temptation to relax all serious mental effort which assailed some, and more especially those whose lots were cast in rural districts, was pointed out, and the lecturer plainly warned those who would yield to this, while they had human life to deal with and the honour of a ceaselessly advancing profession to sustain, that they would be morally guilty, and only less so than those who, from interested motives, disseminated principles directly injurious to life and health. The address was concluded by some words of general encouragement.

MANCHESTER ROYAL SCHOOL OF MEDICINE.

THE introductory lecture at this school was delivered by Mr. R. T. HUNT, lecturer on the Physiology and Pathology of the Eye, on the 2nd inst., to a numerous and rather noisy audience. Mr. Hunt's lecture was devoted to the details of medical education. "Public lectures, private study, and attendance in the dissecting-room and on medical and surgical practice in the hospital are the means" afforded to the student. "The utility of lectures has been acknowledged from the earliest times of civilisation," said Mr. Hunt. By regular attendance at lectures at stated times, the student acquires a habit of order in his studies, and a power of concentrating the attention that is highly beneficial to him in many ways. On the subject of note-taking it was remarked that much depended on the kind of lecture. In the instance of demonstrations of various structures of the body, the taking of notes is rather to be avoided as tending to distract the student's attention; and the same applies, but not to the same extent, to lectures on chemistry, materia medica, and botany. In the case of these three subjects very short notes are quite sufficient, more especially as the student may afterwards amplify them. Mr. Hunt recommended the taking of careful notes on medicine, surgery, pathology, and forensic medicine, and the use of such notes afterwards for private study, remarking that "the limited number of lectures upon each of these subjects requires a condensation and arrangement by the lecturer, which will be an excellent guide to the student in directing him in reading." Study at night was condemned as entailing a degree of excitement highly prejudicial to health, especially if long persisted in. An hour or two of real study in the morning was highly recommended. Referring to the practice in our universities, he remarked: "If the statistics of the after-life of those who have taken high honours at our universities could be obtained I have not the slightest doubt that these would disclose a lamentable list. Some die from head affections, at a shorter or longer period after examination; the minds of others are so enfeebled as never to regain their full power, and very many die consumptive. Those who take a high position in life form the exception." In favour of the advantages of study in the morning, he adduced the examples of John Hunter and Sir Walter Scott.

He referred to the facilities for enjoying the advantage of university education which Owens College affords to the Manchester medical student, and considered that classics and mathematics should be looked upon as preparatory to medical studies, and should be studied before the ordinary medical curriculum was entered upon. Relative to the teaching in medical schools he said he feared that the attention of students at the present day is too much devoted to microscopic anatomy, to the prejudice of that elementary anatomy which is acquired more particularly by dissection. He expressed his opposition to Darwinism in the following terms:—"Among what I may presume to call modern fanciful theories are that ridiculous one of Darwin in regard to the origin of species, and of Huxley regarding vitality. Because these theories may be wrong—and are wrong in my humble opinion—that is no reason why we should rashly conclude that other theories presented to us are not right; but we should at all events remember that the only theory which is truly useful is that which is not made for facts, but is founded on them." He advised students not to neglect "their own natural means of acquiring information by observation in the science of anatomy, in post-mortem examinations, &c.," and, in conclusion, expressed his firm conviction that "no man who is not a good member of society can be a useful and honourable member of our profession."

SHEFFIELD SCHOOL OF MEDICINE

THE introductory address was given by ALFRED H. ALLEN, F.C.S., Lecturer on Chemistry. He said that the class of scientific practitioners who tried to discover the cause of the particular effects their remedies produced, was largely on the increase, and we owed to them nearly all our new and valuable therapeutic agents. Chemistry and physics should receive much more attention from medical students than was at present devoted to them; being the very groundwork of the complex actions met with in the study of medicine, it was not possible to acquire a thorough knowledge of these actions without an intimate acquaintance with the causes which produce them. The idea was becoming more fixed that there was no such thing as vital force in the sense in which it used to be understood, and that all vital actions were referable to well-defined chemical or physical causes. The undeniable obscurity in which many of the phenomena of life and disease were enveloped was a consequence of the ignorance of the bulk of medical practitioners of the discoveries in chemistry and physics, and we could not expect to unravel the secrets of vital action if this general absence of physical and chemical knowledge continued. The benefits conferred on medicine by chemistry must be admitted by all who knew the history of chloroform, chloral, morphia, iodine, bromides, &c. The interesting researches of Matthiessen and Wright on the derivations of morphia and codeia, and the curious difference of physiological action established, were a striking illustration of the assistance rendered by chemistry to medicine. Speaking of the nature of infection, and the importance of vaccination, the lecturer said:—"Some years ago Mr. Simon obtained the opinions of upwards of 500 professors of medicine and surgery at various universities and hospitals, and the striking accordance in the views of these competent authorities is a most convincing proof of their extreme value. Of all those consulted, none doubted the efficacy of vaccination as a preventive agent, and but a very few believed that any disadvantage could possibly attend its universal employment. Yet the enforcement was at one time a dead letter with respect to Sheffield, and the House of Commons recently inserted a clause in the Vaccination Act making two small fines the maximum penalty for neglecting the precaution, thus virtually permitting a man to buy the right to spread death, disfigurement, and disease. This was only prevented from becoming law by an amendment in the Upper House. Perhaps it might be found possible to adopt a somewhat similar course to that of Mr. Simon, to obtain the opinion of every qualified practitioner in the country on that confessedly difficult subject for legislation, the terrible scourges of errant humanity known as 'the contagious diseases.' If, in the probable absence of any active proceeding on the part of the Government, one of the recognised medical journals would take the necessary steps to obtain such an expression of opinion as that suggested, it could scarcely fail to have its due weight with Parliament, as it would be the result of the collective experience of those who from their position and education are the most qualified judges of the moral, social, and physical effects of these diseases."

On the subject of disinfection, Mr. Allen said:—"Too many people are inclined to be satisfied if they succeed in stifling the smell by another, without caring to ascertain that the disease germs are rendered inert. These are the people who employ pastilles and other useless means, or burn juniper berries, &c., as they do in Italy in time of cholera. An immense improvement on the last course is the use of chloride of lime, Condy's fluid, or charcoal; but great discretion is necessary in the use of disinfectants; or, in the absence of chemical knowledge, such an error as was actually made by a Metropolitan Board may again occur. This enlightened body, with a creditable impartiality, used both chloride of lime and sulphites, thus effectually destroying the activity of both substances."

THE LATE OUTBREAK OF CHOLERA AT SECUNDERABAD.

OUR readers probably remember the sudden and fatal outbreak of cholera that occurred in May last among the 18th Hussars at Secunderabad. The old Infantry barracks, occupied by the Hussars at Secunderabad, have a bad reputation, notwithstanding that they have of late undergone all the improvements that were practicable; and the health of the regiment is said to have been deteriorated by long tropical service. On May 24th the 18th Hussars were paraded, in common with the remainder of the garrison, in honour of Her Majesty's birthday. The men were in no respect unduly exposed to heat or fatigue. Their rations were excellent, the drinking water was good, the sanitary condition of the barracks satisfactory, and there was no intemperance among the men. Between 2 and 3 o'clock A.M. of the 25th a case of cholera occurred in one of the troop-rooms, and almost at the same time a patient in the hospital was also attacked, who had, on inquiry, been suffering from diarrhœa during the night. Other cases rapidly followed—so rapidly, that in less than twenty-four hours there were 35 admissions for cholera, and 9 deaths. The attacks seemed to have occurred almost simultaneously. No time was lost. The regiment was at once marched off, and camped out. The disease continuing, several moves took place, until the epidemic ceased, which it did soon after a thunderstorm and heavy fall of rain.

Various were the hypotheses started to account for these phenomena. The drainage of the barracks proved to be good; and a detachment of Native Infantry, moved into the quarters vacated by the Cavalry, was not attacked, nor were the remainder of the troops in garrison at the time. The water of a suspected well, according to a hasty analysis, turned out to be satisfactory. A rumour had reached the station that three cases of cholera had occurred on the 20th of May in the bazaar at Secunderabad among a party of Bunyas, who had arrived by the Masulipatam road two days previously, and that two cases had arisen on that road on the 23rd about three quarters of a mile from the Hussar lines. Some officers were actually on their way to intercept any natives, and to pitch a temporary hospital for any suspected case of cholera, when the news reached them of its advent amongst the 18th Hussars. No evidence exists of any communication having taken place between the attacked soldiers and the infected natives; indeed, the first case among the former was a patient in hospital.

One conjecture connects the origin of the epidemic with emanations from some earth—the *débris* and soil of what had been a native bazaar—that had been turned up some time before. The wind was N.W. at the time, and the troops most affected occupied quarters in a direct line with the course such emanations would have taken. But there are facts adverse to this view. The weather at the time of the marching out was terribly hot, and the men, at first, suffered

generally, more or less, from diarrhœa on the march. The officers, as usual, appear to have escaped.

The regiment returned to Secunderabad on the 23rd of June, after twenty-eight days' absence. In the outward march the corps halted at four camping grounds, and at one village (Moull Ali), about six miles from Secunderabad, on the return route. The health of all the villages through which the troops passed should be carefully investigated, and we think it would be well to examine and analyse some of the incriminated soil. The arrangements of the local authorities appear to have been very good. The 18th Hussars ought, we think, to be moved to Bangalore, or some healthy station.

"ON SOME PHYSIOLOGICAL ERRORS CONNECTED WITH CHOLERA."

To the Editor of THE LANCET.

SIR,—I beg permission to offer a brief comment upon what Mr. Sedgwick calls his "physiological theory of the continuance of the mammary secretion during collapse." He says that this is a result of "the antagonism which naturally prevails between nutrition and reproduction, and which would allow of the continuance of functions associated with reproduction even when, as in the collapse of cholera, there is a central arrest of nutrition."

What is meant by this assumed "antagonism between nutrition and reproduction"? If it were a fact that the functions associated with reproduction were unaffected by choleraic disease, the mere statement of the fact would not explain it. I suppose that even Mr. Sedgwick would not attempt to explain it by supernatural agency. There must be a physical cause for this immunity, and until the cause were made known the phenomenon would not be considered to have received a physiological explanation.

This alleged immunity of the reproductive functions, however, is a figment of Mr. Sedgwick's vivid imagination. It is probable enough that the menstrual discharge may continue unchecked during the algide stage of cholera. I know of no physiological reason why it should not, but Mr. Sedgwick admits the liability to abortion in the early stages of pregnancy, and I commend to his consideration the following abstract from the Ninth Report of the Medical Officer of the Privy Council (p. 433). Mr. Simon says:—"From our earliest knowledge of the disease it has been on record that when pregnant women have cholera the intra-uterine offspring almost invariably dies; and more recently, in proportion as the anatomy of the disease has got to be better studied, cases have accumulated, giving detailed evidence in support of an opinion which had from the first been entertained, that the infant in such cases dies of true choleraic infection."

Here, then, is a statement of facts entirely opposed to the gratuitous assumption that the reproductive functions are untouched by cholera; and, moreover, the infection of the fœtus in utero affords conclusive evidence of the existence of a blood poison in cholera, for it is manifest that before the cholera poison can reach the intestines of the fœtus it must infect not only the maternal but the fœtal blood. It appears, then, that the facts here referred to are inconsistent with Mr. Sedgwick's so-called physiological theory and with his persistent denial of the existence of a blood poison in cholera.

I am, Sir, your obedient servant,

Savile-row, October 9th, 1871. GEORGE JOHNSON.

SMALL-POX.

To the Editor of THE LANCET.

SIR,—I have always maintained that vaccination is quite as good a preventive of small-pox as a previous attack of the disease itself. In the following instances neither the one nor the other acted prophylactically.

To-day a letter-carrier presented himself to me, who has two children aged respectively nine and five. They were both, he assures me, successfully vaccinated in infancy; both subsequently had small-pox, and are again attacked with it at the present time.—Yours faithfully,

Medical Department, General Post Office, October 9th, 1871. WALLER LEWIS, Medical Officer in Chief.

Foreign Gleanings.

ASPIRATION OF GAS AND FLUID IN STRANGULATED HERNIA.

M. DUPLOUY, Professor of Clinical Surgery at Rochefort (*Gaz. Hebd.*, February 6th, 1871), having been consulted in a case of strangulated hernia of three days' standing, in a man of eighty-two, had recourse to the above-mentioned operation. Herniotomy was not thought advisable on account of the patient's age, and the needle and aspirating syringe were used. Only gas was at first evacuated, and by continuing the play of the piston, fluid tinged with fæcal matter was obtained. The bowel thereupon became flaccid, and was easily returned. The case did well, and it is supposed that, the puncture being very fine, the fibres closed the minute aperture by lying against each other, fatal effusion being thus prevented.

Evacuation of gas by puncturing has been in vogue of late with French surgeons in cases of tympanites, the result being in some instances favourable. Dr. Rahn (*Montpellier Med.*, June, 1871) succeeded in a case of strangulated hernia by injecting in the vicinity of the tumour the twenty-fifth part of a grain of sulphate of atropine.

We may add that, in 1865, M. Tartarin published several cases in the *Bulletin de Thérap.*, in which he succeeded in reducing strangulated hernia without kelotomy, by the use of the following liniment:—Glycerine and croton oil, of each 45 minims. With this compound three frictions were made on the tumour, the first at 2 o'clock, the second at 3, and the third at 4. Before the last two frictions the skin was washed with soap and tepid water, and the spot carefully dried with a piece of fine linen. At 5, a copious stool was obtained, and the contents of the hernia were easily reduced. The case did well.

TUMOUR OF THE PINEAL GLAND AND CONSIDERABLE EFFUSION.

Dr. Blanquinque, of Laon (France), has published such a case in the *Gaz. Heb.* of September 15, 1871. The patient was a coachman of thirty-nine, the principal symptoms being epileptic fits, paraplegia, and amaurosis. The effusion, on a post-mortem examination, was very considerable at the base of the brain; it had caused the flattening of the circumvolutions, and widened the space between the crura cerebri and the optic tracts. The lateral ventricles were much dilated, the choroid plexuses very vascular, and the vena Galeni gorged with blood. The pineal gland was surrounded with a softish mammillated tumour the size of a pigeon's egg, which presented, on being cut across, calcareous points and small hæmorrhagic deposits. The tumour pressed upon the vena Galeni and the tubercula quadrigemina. By a microscopical examination it was found that the growth consisted of a hypertrophy of the pineal gland. Dr. Blanquinque does not think that this tumour gave rise to special symptoms, and considers that its effects were similar to those which are the consequence of growths in the brain of other kinds.

POWDERED CAMPHOR IN PHAGEDENIC CHANCRES.

Dr. Netter has shown, in the *Gaz. des Hôpitaux*, that hospital gangrene yields to the applications of powdered camphor. Thereupon M. Baudoin, as stated in *L'Abeille Méd.*, was induced to try the same remedy in phagedenic chancre. Three cases are quoted as proving the efficacy of the application; but the author gives no heed to the means which had been used before, the effect of which might not have quite passed off, and he leaves unmentioned whether any internal remedy or hygienic measure was resorted to or not.

TETANUS TREATED BY INHALATIONS OF OPIUM.

This is a Chinese mode of treating tetanus, and is recommended by Dr. Shrimpton. From four to five grains of solid opium are mixed with tea-leaves or dried roses, and carefully beaten together with molasses. The patient smokes this mixture, and endeavours to draw the smoke into the lungs, leaving off when the narcotic effects are produced. These last generally from three to four hours. The same operation should be repeated whenever there are any signs of returning spasms.

THE LANCET.

LONDON: SATURDAY, OCTOBER 14, 1871.

THE meeting of the Social Science Association at Leeds has been marked, in a very distinct and gratifying manner, by the advancement of sanitary questions to a higher rank than has ever before been accorded to them at such an assemblage. It is quite true that the Association has always had a Department of Public Health; but the members who devoted themselves to the subject were at first regarded in the light of amiable enthusiasts rather than as persons who were devoting themselves to problems of the highest interest alike to the community and to the individuals composing it. *Nous avons changé tout cela*, and this year the Health Department has not only been surpassed by none in the excellence of the papers contributed to it, but it has also witnessed the coming together of many men of very considerable eminence, whose names are everywhere heard with respect. We purpose, next week, to give a more complete account of its operations than could be furnished to us in time for our present issue; but on this occasion we have to remark on two points which have not only been made prominent in the department itself, but have also furnished subject matter for the general addresses delivered to the Association as a whole.

Mr. G. W. HASTINGS, the founder and present Chairman of Council of the Association, who, as a son of Sir CHARLES HASTINGS, the founder of the British Medical Association, has probably enjoyed unusual opportunities of becoming familiar with the true value and importance of attention to the public health, has doubtless exerted much influence for good in this as in many other matters. In his inaugural address, delivered to the whole Congress on the second day of its meeting, Mr. HASTINGS pointed out the general desirableness of making the county, rather than the parish, the unit of sanitary administration. He said, with much weight and truth, that the persons who would be called upon to constitute the local board of a small area would not usually be of attainments or position sufficient for the proper and intelligent discharge of their actual duties, or to enable them to deal on terms of mutual respect with a central authority. Small farmers and small shopkeepers, in the first place, would be wanting in the necessary knowledge; and, in the second place, they would be in danger of being warped by considerations of personal interest, of being unduly submissive to local proprietors, or of being protectors of local abuses. In order to obtain a local authority not only incorrupt, but incorruptible, one that, like CÆSAR'S wife, should be above suspicion, it would be necessary so to enlarge the area of the sanitary unit that gentlemen of station would take part in its government, just as they now take their seats upon the magisterial bench. Another and incidental advantage would be the diminution of expense contingent upon a smaller number of places of meeting and a smaller number of officials. But, above all, would be the power of the county, or similar large area, to bear the expense of maintaining a thoroughly efficient medical officer of health, sufficiently well paid to denote the value of his services and the importance of his functions, debarred altogether from private practice, and thus rendered absolutely independent of the ill-will of the owners or occupiers of unwholesome property. If in any parish there is a single pigsty worse than others, it will generally be found to belong to the Poor-law guardians; and any exercise of power to reform it would be an offence not easily to be forgiven, and for which the culprit would certainly be likely to be made to smart in many ways. Another point taken up by Mr. HASTINGS is, that the medical officers of health will really have need of special knowledge, such as is neither required in order to heal the sick nor possessed by the average practitioner. It would not be worth the while of a parish doctor laboriously to master principles for which he would have but a very limited application; and the result would be that any emergency or any unusual combination of conditions would probably have to be opposed by someone who would not be able adequately to cope with it, or whose time and thoughts were occupied about matters of greater moment to himself and his immediate patients, although infinitely less important to the community. We commend the observations of Mr. HASTINGS and Mr. GODWIN on this subject to the earnest consideration of our readers, and would counsel that the attention of members of Parliament should be drawn to them during the recess. In adverting to this subject some time since, we took occasion to point out the convenience of utilising the Poor-law medical officers of the country as health officers; and we give prominence to the observations of Mr. HASTINGS as a matter of justice to those who differ somewhat from us, and with a view to the thorough discussion of a very important topic.

The other point requiring notice is a wholesome warning against allowing the attention to be too exclusively directed to the question of water. We should be the last to underrate, and indeed we should be more inclined to overrate, the importance of a plentiful supply of soft water, carefully guarded from sewage or other contamination. But we must not shut our eyes to the many other conditions that require reformation or supervision, and must not hope that a good water-supply will alone be sufficient to lower the death-rate of an unwholesome district. As in ordinary pathology, so in hygiene, the medical man is called upon to take many factors into consideration before his conclusions will be accurate or his judgment will be sound. In hygiene, as in healing, he will be the most successful whose range of vision is the most comprehensive, and whose care penetrates to the smallest details of the case.

WE design to say a few words to the profession on the subject of Medical Ethics. Would that we could bring to the discharge of such a duty the authority of HIPPOCRATES or the "sweet reasonableness" of such a writer as PERCIVAL. Yet we are not without a certain authority on the subject, for it is one of the few painful duties of THE LANCET to decide on matters of professional conduct—to act as umpire between brethren who, in the practice of their art, may seem to have forgotten the principles which are supposed

to regulate the conduct of medical men towards each other or towards the public at large. Not a week elapses without some such appeal being made to us. We are not generally disposed to be praisers of acted time. We are reluctant to admit that in the days of PERCIVAL there was a finer sense of behaviour in medical men than there is now; in fact, we do not think so. Nevertheless, we must insist that the profession has need of care in this matter. Some of its members require even to be reminded of the distinction between a profession and a trade, and between the means proper to secure success in the one case and in the other. It is perhaps difficult to explain how this should be so. Preliminary and professional education have doubtless been greatly extended and improved. The general practitioner of to-day is a very superior person to the apothecary of the beginning of the century. He does not live on the profits of the sale of drugs, or so humbly look up to the physician as to a sort of divinity. Culture and scientific knowledge and the use of scientific instruments are more equally divided now than then. Still, our correspondence every week shows that our profession contains members who find its restrictions irksome—who evidently misapprehend the nature of their calling, and understand neither their relation to their brother practitioner nor the kind of service which is expected of them by their patients. The columns of THE LANCET devoted chiefly to correspondence and answers to correspondents will enable our readers to appreciate the extent of this evil in the profession, which so often mars the great pleasure of professional intercourse, and places medical men in an unseemly light before the public. We think it the more opportune to refer to this subject inasmuch as a new race of students are betaking themselves to the serious study of their profession; and it is well for them to know that the ethical half of their duty is not the least half, and that in addition to the art of healing which they have to learn is the science of the consideration due to the feelings and the interests of others, especially of the sick and of their professional brethren. Ours is no rude art of mere rivalry and commerce; it is essentially a lenient art made up of mingled skill and kindness. As HIPPOCRATES says, "Without the virtues requisite to his profession, the physician can never discharge its duties."

The great complaints which reach us may be noticed under the following heads:—

Disregard of the difference between a trade and a profession.—The essential distinction between a trade and a profession is in the nature of the service to be rendered. In the case of trade there is an exchange of wares for money; in the case of a profession, opinion, advice, or skilled judgment is the essential commodity to be exchanged. And some men cannot receive this pure professional idea of service. Perhaps it arises from a modest diffidence as to the value of anything they have to offer the public in the way of opinion or judgment, and so they supplement the real professional commodity with something more tangible. They deal in actual wares—such as tooth-brushes, soaps, perfumery, Tidman's sea-salt, vaccine lymph, cholera mixtures, &c. Medicine is no longer a trade even in drugs. Practitioners are under the necessity of supplying drugs to their patients because druggists have not yet discovered the art of dispensing prescriptions on practicable terms. But this is a mere accommodation to their patients, and not of the essence of their service. A medical man should always, therefore, suspect himself when he finds wares of any kind entering largely into his idea of medical practice.

Inadequate sense of the value of medical service is another note of something ethically wrong in a man's notions of practice. Every week almost we receive circulars and handbills announcing that the services of a certain medical man are to be had very cheaply: a visit will be paid for 1*s.*, or attendance and medicines given during illness for 3*s.* 6*d.* or 5*s.* 6*d.* per week. A man may think his own professional services paid by such fees; but he lowers his profession in the eyes of the public, and is justly blamed by his professional brethren. There is an undertaking to uphold the dignity of the profession which is not observed by such practices. We have great respect for all earnest attempts to supply the working man with good medical attendance on terms which are practicable; but it is not to be done by private practitioners advertising their services as available for all and sundry on terms which would scarcely pay a respectable druggist.

The love of publicity and advertisement is a third note of an unprofessional spirit. It is sad to think of the number of instances of late in which handbills, circulars, cards, or testimonials have been forwarded to us advertising the terms or the abilities of pushing practitioners—men who have come into a neighbourhood and cannot trust to the discernment of the public to perceive their merit. But this fault is not confined to the numerous members of the profession who of late have sought to get practice by scattering handbills and circulars broadcast over the neighbourhood in which they contemplate operations. It has more subtle manifestations in members of the profession who ought to set a better example, whose names in one way or another are never out of the public papers, and yet who seem to do no work of any value. It may be set down, as a rule, that men who are really doing good professional work of some kind have neither the need nor the time to expose themselves to the notice of newspapers. Professional men should suspect themselves if they find themselves too much before the public. Ours is a quiet unobtrusive profession.

Eagerness to get and keep the patients of other medical men.—Complaints of this feeling reach us not only in reference to young practitioners who may not unnaturally feel as if there was too much monopoly of medical practice by practitioners who have more than they can well do, but in reference to consultees who take into their entire charge the patients of general practitioners who have confidingly sent to them for a consultation, who recommend lodgings to be taken close by, and entirely ignore the usual medical adviser. This is not the way to uphold the dignity of consulting practice or preserve the generally good relation between the general and the consulting practitioner.

Want of respect for the feelings and reputation of other medical men.—It is rare to hear one medical man speak of another to non-professional persons in plain terms of disapproval. But there are forms of praise which amount to

censure, and there are ways of conveying the impression of disparagement which are not the less efficient for being indirect. It is unworthy of one professional man willingly to tarnish the reputation of another, or to put any but the best and most generous construction upon his actions and his practice. Medicine is a difficult art, and even error in it is to be lightly judged, especially by a practitioner whose own consciousness of errors should make him kind.

We must content ourselves, for the present, with little more than enumerating some of the serious complaints made to us. We repeat that we do not think they represent any extensive disregard of medical ethics on the part of the profession, but they are far more frequent than they should be.

WE have already considered the relative advantages of large and small hospitals, and those of different forms of construction and systems of ventilation. We have, in the last place, to consider the subject of "Hospitalism"; and we are at once encountered by the question—What are the diseases which may be considered as fairly attributable to a defective hospital organisation? It seems to us little more than a waste of time to count up the number of deaths after amputation or injury at any given hospital, and accept the total as a measure of its healthiness or unhealthiness. We must know what were the causes of death. Setting aside the general effect that residence in an ill-ventilated building may be supposed to exert on all within its walls, it seems quite clear that an impure atmosphere tells with far greater force upon certain classes of cases than others, and especially upon cases of injury or operations involving bone. Sir JAMES SIMPSON appealed to the statistics of major limb amputations in support of his views; and the specific charges that have been urged against hospitals are mainly grounded upon the relative prevalence of such diseases as pyæmia, erysipelas, phagedena, and their allies in large urban hospitals as compared with those in rural districts or private practice. The subject is one which involves several difficulties. In the first place it is important to remember that the exact connexion, if any, in which these diseases stand to one another has never been thoroughly defined, nor have we as yet ascertained the relative value of the different factors at work in their production. Pyæmia may be taken as an example. Our knowledge of the essential nature of this class of disease is very imperfect. We recognise, as the result of clinical observation of cases of injury or surgical operation, a febrile state of two, three, or five or six days' duration, attended with increased temperature, accelerated pulse, and arrested secretions, and call it traumatic fever. Let this condition be prolonged beyond the seventh or eighth day, or let there be a recrudescence of the fever after it has once subsided, or let rigors occur, and we are on our guard for the appearance of some grave complication or of symptoms indicative of pyæmia. And, still further, supposing the case to be one of chronic suppuration or abscess, we have the condition known as hectic fever. Now, are these to be regarded as so many links, as it were, in the same morbid chain, and as depending upon, but varying according to, the nature of the various inflammatory products absorbed from the local lesion?—or are they essentially distinct morbid processes, having no necessary connexion with one another? Without attempting to answer these questions, we may say that the sequences and anatomical characters of septicæmia and pyæmia would certainly seem to remove them altogether from traumatic fever. The absorbed matters possess some infective properties in the former that are not manifested in the latter. It appears probable that, under the term "pyæmia" several affections, differing from one another in their nature and causes, have been included. Septicæmia, for instance, must now be regarded as perfectly distinct from pyæmia.

Again, erysipelas or hospital gangrene will occasionally prevail for a limited time in some hospital in an epidemic form under circumstances that render the causes of their occurrence and departure alike difficult of explanation; and the same may be said of pyæmia. More than one of these diseases may prevail concurrently in the same hospital; but this is rarely the case. Cases of erysipelas or gangrene were very uncommon in the late Franco-German and American wars as compared with the extraordinary prevalence of pyæmia, especially in the former. According to Dr. GOLDSMITH'S Report on Hospital Gangrene in the American war, out of 184 cases of that disease, pyæmia occurred only six times; in five of these it supervened after the wounds were suppurating, and in only one instance before the gangrene had been arrested. Erysipelatous and phagedenic diseases possess infectious properties; but it is doubtful whether pyæmia spreads by contagion, although the possibility of its doing so must always be borne in mind. It is highly probable that there are varieties of pyæmia that depend upon personal or other conditions that have nothing whatever to do with hospitalism. This disease is not only connected with the suppurative stage of inflammation, but it is with open suppurating wounds implicating bone, and with operations for recent accidents rather than for the results of chronic disease, that it is so pre-eminently associated. Pyæmia after burns and scalds is not of common occurrence, and yet these accidents are frequently followed by extensive suppurating wounds when exposed to the action of a ward atmosphere. In military practice, and in that of hospitals in the neighbourhood of railways and extensive machinery, osteo-myelitis is very likely to arise after injuries to bone, and the formation of metastatic abscesses is very common in such cases. We can easily understand how these may frequently arise out of the local irritation and inflammation set up by the transport of wounded soldiers after gunshot fractures of a long bone, for example. The theory that osteo-myelitis is to be regarded as a local expression of the pyæmic state does not appear to be well grounded; but acute suppurative osteo-myelitis is a frequent cause of pyæmia. This is probably owing to the softness, vascularity, and richness in medullary cells of the bone-marrow. There is no tissue, according to VIRCHOW and others, more disposed to undergo purulent transformation than the marrow, and pyæmia so frequently follows an abscess of this part because the pyæmic poison is absorbed more readily from it than from other structures. The defective hygiene and impure air of large hospitals may increase the liability to, or possibly even determine the

occurrence of, osteo-myelitis, but they cannot be regarded as the sole causes of it. With respect to erysipelas, also, a tainted atmosphere may either generate the poison or predispose to its reception. The frequency and severity of the disease in hospitals a quarter of a century ago as compared with the present time, and the remarkable illustration afforded by the Middlesex Hospital previous and subsequent to 1848, as pointed out by Mr. CAMPBELL DE MORGAN in his article on Erysipelas in HOLMES'S System of Surgery, tend to establish the view that bad hospital ventilation is among the most common predisposing causes of that disease; and, as we have already said, the infectious properties of erysipelas may be considered as fairly established. We do not go so far as to maintain that we can altogether avert the occurrence of such diseases as pyæmia and its congeners by any sanitary precautions. Constitutional predisposition, habits of life, and the prevalence of epidemic causes of disease, are agencies beyond our control. Still, we do maintain that all our practical experience tends to prove that these diseases, in their origin and development, depend far more upon our defective systems of hospital hygiene than upon any other causes. In order to afford a fair basis of comparison between large and small hospitals, we must know whether the former were as well ventilated as the latter, and this is just where the comparison breaks down; for the ventilation of our large hospitals, as at present constituted, is commonly most defective. Having provided a pure state of the ward air, however, our task would be incomplete if we did not guard against the results of infection and a want of cleanliness in all that concerns the dressing of our patients. We need scarcely add that no dissecting-room should ever exist in proximity to a building used as a hospital, much less under the same roof.

We cannot conclude without briefly alluding to the views promulgated by Professor LISTER. We need not touch upon the question of germs, or the part they play in the production of these diseased conditions. Let the explanation of the good results attributed to the antiseptic system of surgery be what it may—and we have no doubt at all that it has been attended with a large measure of success,—we confess we do not believe that this or any other system can be regarded as providing a substitute for pure air in our hospitals. By means of carbolic acid the suppuration of wounds may be minimised, and the occurrence of putrefactive changes even altogether averted; and there can be no doubt that these are great objects to secure, both as regards the individual sufferers and the protection of other patients from the emanations that necessarily arise where several cases of suppurating wounds are located in the same ward or under the same roof, where the atmosphere is "common" to the whole hospital. Any part of the body that is injured departs from the standard of health. Sometimes the tissues are destroyed by the injury or perish during the inflammatory process; but in all cases their power of resistance, as living tissues, to the physical conditions that act on organic structures is lowered. In so far as acids or other antiseptics protect them against chemical and putrefactive changes—which they certainly have the power of doing—their utility is, it seems to us, unquestionable; for it is both direct and real.

WANT of space prevented our noticing the introductory addresses delivered at any of the provincial medical schools last week, but we repair the omission by giving the excellent address at Leeds of Dr. CLIFFORD ALLBUTT *in extenso* in our present issue, with abstracts of the others. The tone of the addresses delivered in the provinces is fully as high as that of those given in town; and if Dr. ALLBUTT does not emulate Dr. MEADOWS in his high aspirations, he gave his audience much matter for their cogitation on the treatment of disease, without stopping to investigate whether in all cases it comes directly as a Divine visitation, or whether, as Dr. BASTIAN would have it, it generates spontaneously.

Dr. PHILIPSON, who addressed the students of the University of Durham College of Medicine at Newcastle, pointed out the effect of medical study in training the mind, in strengthening the powers of observation and reasoning, and, finally, in giving weapons for the treatment of disease. At Liverpool, Mr. W. CARTER impressed upon his hearers that they came to a medical school primarily to learn how to combat and cure disease, and that the path of science, however seductive, must not turn them aside from the object they had in mind. At Birmingham, Dr. RUSSELL dwelt upon the two-sided character of the medical profession, in its relation to medicine as a science and its relation to society at large. He showed that medical men cultivated science in order to be better able to treat disease; and he likewise showed that, unless a correlative enlightenment of the public took place, the efforts of the medical profession to prevent disease and improve the public health were wellnigh fruitless. Mr. FURNEAUX JORDAN, who seems to have given a supplementary address at Queen's Hospital, very naturally took clinical teaching and study as his theme, and enforced the necessity of good models, good rules, and good execution in order to attain success. Mr. ALFRED ALLEN, addressing a Sheffield audience, showed a very excusable bias towards chemical investigation, and discussed the rival claims of the "germ-theory" and the "fermentation-theory" of Mr. SIMON. Speaking boldly in behalf of sanitary science, the lecturer did good service in pointing to the water-supply as a great source of health or disease of towns, and we trust that his audience will let his words produce some fruit in their actions. At Manchester, where the foundation of Owens College has given a fresh impetus to scientific study, Mr. HUNT enlarged on the details of medical education, and gave some practical hints on the method to be pursued.

It is obvious, then, that all the provincial addresses were of an eminently *practical* character, and we trust they may prove of benefit to those to whom they were addressed. It is this practical teaching which should, we think, be each year impressed upon our students more and more. In the modern and necessary refinements of science there is danger lest the practical should yield to the theoretical in importance; and we cannot altogether acquit our examining boards—and notably some of the Universities—of a disposition to ride science to death, and to put book-learning before that practical acquaintance with disease which has always been the boast of the British practitioner. Whatever from unavoidable circumstances may be the occasional

shortcomings of the provincial medical schools in matters of pure science, we congratulate them on showing that no young man can have cause to complain of want of thorough practical instruction in his professional duties while a student at any one of those institutions.

Medical Annotations.

"Ne quid nimis."

THE PROFESSION IN SPAIN.

IN spite of her ten universities, all of which possess faculties of medicine, Spain has contributed less to the science and art of healing than any country in Europe. It is not so very long ago that anatomy in the peninsula could not be learned from the human subject, the Church interposing her veto on every other mode of instruction on the fabric and functions of the body than that of wax models. The few really accomplished Spanish practitioners have studied at Montpellier or Paris; their only treatises on surgery or physic worth reading are translated or compiled from the French (German or English are apparently inaccessible to them); and their hospital practice is far too meagre to form an adequate training school. According to a striking article in the *Cornhill Magazine* for October, the graduate in medicine is no longer forced to make an oath that he will defend the immaculate conception of the Virgin; but he is outrivalled even among the middle-class by old women, barbers, and itinerant quacks. Erysipelas and facial neuralgia are charmed away by crossings, accompanied by these words, "Jesus is born, Jesus is dead, Jesus is crucified, and it is true that this evil is cured." The barber bleeds, and the quack drives through the streets on holidays, to draw the teeth or prescribe for the maladies of credulous and admiring crowds. "Men," says the *Cornhill*, "leave Spanish hospitals with legs badly set, and sores still sloughing. The diet is mean and miserable, and foreigners sink under it for sheer want of nourishment and stimulants. And there are evils of a different kind. These hospitals are often under ecclesiastical management, and the prior at their head naturally thinks the cure of the soul more important still than the cure of the body. He brings the instruments of conversion to bear upon the sick foreign mariner; and the British seaman—a man notoriously free from theological prejudices, we believe—not unfrequently listens to the voice of the ancient Church with a dim hope that conversion will make the soup stronger, and perhaps even bring to his bedside that bottled porter which, in the well-regulated naval hospitals of his land, adds a charm to the period of convalescence."

Ill-off as she is for native practitioners, Spain discourages the intrusion of the foreign, especially the English, rival most jealously. While a Spanish medical man is free to practise in Gibraltar, an English professional brother is allowed the fair value of his diploma nowhere throughout the peninsula. "A case of this sort," says the keen observer already quoted, "has come to our knowledge, where the envy of the local faculty and of the local university has been exerted for years against an English surgeon doing good service in their own city, and (here lies the sting) preferred by their own countrymen to themselves. When Spanish doctors fled from an epidemic, the English doctor remained. When they wrung heavy fees from the poorest of their countrymen, he spared the lean purse of the toiling and the needy. So they have persisted (in the teeth of the English certificates) in recognising him only in the lower walks of the profession, and he has been repeatedly forced to pay money in fines for the grievous offences of saving Spanish life, relieving Spanish suffering, and exceeding Spanish doctors."

One of the surest tests of a nation's civilisation, the writer adds, "is the state of the medical art and of the national health." Wise words; and how are they borne out in Spain? Spaniards are not healthy as a people. The peasant, on the whole, is well built and full of vitality; but he degenerates more rapidly in the cities than the same class in England; and in most of these the population is on the decline. Consumption is very common in Cadiz and Barcelona; while the death-rate of infants, in towns especially, is enormous. For this result inherited feebleness must bear part of the blame, which is more largely deserved by the disgraceful backwardness in which all sanitary conditions, private or public, are in the peninsula. With all their frugality, belief in drugs, and expenditure on the quack medicines imported from every region, the Spaniards must remain a backward people till the primary laws of health are understood and enforced among them. Their country has been compared to the "sleeping beauty" of Europe. Let us hope that the advent of the young and vigorous Prince, so long waited for, may arouse her from her torpor.

PSYCHIC FORCE.

MR. CROOKES, in the October number of the *Quarterly Journal of Science*, continues the account of his experiments undertaken with a view to demonstrate the existence of psychic force. He adduces and compares the various criticisms that have been bestowed upon his method of investigation, and gives the details of an unsuccessful attempt he made to obtain the corroborative testimony of the two secretaries of the Royal Society: Professor Sharpey politely declining the invitation; and Professor Stokes replying that he thought there were possible modes of explanation of Mr. Crookes's experiments besides those advanced by Mr. Crookes himself, and that, whilst he should like to scrutinise the apparatus, he had no desire to meet Mr. Home or to witness any of the experiments. The secretaries of the Royal Society seem to regard the whole affair as a piece of clever duplicity, and are not anxious to take the position of Dr. Johnson and the Cock-lane ghost, and give the sanction of their great names to what may turn out to be easily susceptible of explanation. At the same time we are of opinion that no one has a right to blame or ridicule Mr. Crookes for endeavouring to obtain a rational solution of what appears at first sight to be mysterious.

The essential experiment Mr. Crookes described in this paper is, that when Mr. Home inserted his fingers in a vessel of water, placed on a lever exactly over its fulcrum, the longer arm of the lever descended with a force, measured by a dynamometer, of 5000 grains. In another experiment the same result followed, when the vessel of water was removed, and Mr. Home was placed *three feet* from the apparatus, and only made the mental effort required to effect the movement. We confess we are still very sceptical of this transmission of force through air. We admit freely "there are more things in heaven and earth than are dreamt of in our philosophy," but much must be learnt yet before such statements as these can be accepted. The capriciousness of its exercise tells strongly against it, pointing rather to trickery so closely watched as to be incapable of being fully practised. Is the new force obedient to any law? Does its intensity vary with the distance, for example, or with temperature? Will it act through glass or through metal, or is it entirely illimitable? Does it follow one line, or is it radiated in all directions? What would happen if the lever in such an experiment as the above were nicely balanced, and enclosed in a glass chamber? Manifold modifications of

such experiments are required before they can be received by the scientific mind; and, above all, everyone must have an opportunity of examining them for himself. If the force be so capricious in its manifestations as not to allow of any laws being laid down respecting it, we fear it stands little chance of being pursued by men of science with the same ardour that has led to such important results in the case of heat, light, electricity, or magnetism.

THE PORT OF LONDON.

THE Thames Shipping Inspection Committee still exists, and its members are fondly hugging the hope that they may, for this year at all events, continue to exist only in name. It is satisfactory, however, to know that there is now some prospect of unity of action as regards river work, inasmuch as it appears that the only recalcitrant body is that representing the district of West Ham. So far, so good. But we think that the public should be more definitely informed as to the present and future intentions of the Committee. Does any inspectorial machinery exist? If so, of what does it consist, and is it oiled and ready for use at a few hours' notice? The Committee of sanitary authorities on the Tyne have been at work with a preventive staff since the middle of August, and their inspectors have visited, and continue to visit, all vessels arriving from "suspected" ports. The local authorities at Hull have adopted precisely the same course, and those at Sunderland direct their inspector to visit all vessels in which cases of sickness have occurred during the voyage. Meanwhile the authorities of the Thames have done, and continue to do, practically nothing. They possess a "scheme" of inspection on paper, but we are informed that this relates to prevention only, and was not framed on the supposition that cholera was actually present in the port. As almost complete unity of action among the local authorities is agreed upon, some preventive system should be at once organised and set in motion, or the warnings and the exertions of the medical inspector of the Local Government Board will have been given and made in vain. We know that the difficulties connected with any sanitary surveillance of the port of London are very great, on the score of geographical and other complications. But by so much the more does it behove "the powers that be" to show that in sanitary, as in other matters, the metropolis of the kingdom is fully competent, and as fully determined, to lead the way. If, indeed, the preventive system be actively and industriously carried on, we may hopefully expect to avoid the importation of cholera into England at all events by way of the Thames, the Tyne, and the Humber—the three chief waterways on which the disease is likely to be brought to us from the continent of Europe.

EXPERIMENTS ON ANIMAL HEAT.

A PAPER on this subject, by Dr. Winternitz, appears in Prof. Stricker's *Medizinische Jahrbücher* (Heft 2, 1871). It appears that Liebermeister, Kernig, Wahl, and others have observed that both in health and disease the abstraction of a moderate amount of heat from the body does not produce depression, but a not inconsiderable elevation, of its temperature. Now, the temperature of the living body is dependent on two factors: the generation of heat on the one hand, and the loss of heat on the other. Changes in its temperature are occasioned by variations of one of these two factors. Both must be considered as subject to the influence of the nervous system. Liebermeister's experiments were conducted on the principle that "if any body retains its temperature unaltered for a certain length of time whilst it is exposed to a colder medium, it must have produced just as much heat during this period as it has given off. If, therefore, the amount of heat abstracted can be ascertained, it will represent the amount produced." Prof. Winternitz's researches have been undertaken with a view of determining whether this principle is applicable to the living body.

The application of cold to the exterior of the body was made in various methods, as by simple exposure to cold air, by immersion in a bath of cold water, and by the application of ice and snow-bags, careful thermometric readings being taken before, during, and after the experiments. He shows that such exposure to cold may at one time produce an elevation, and at another a depression of temperature in the axilla, without its being possible to deduce the absolute amount of heat generated, such variations of temperature in the axilla being, in fact, due to local conditions; and he appears to have been led to the conclusion that the withdrawal of heat from the body is not followed by any marked increase in its generation. Some of his experiments show clearly that, even in normal conditions, very considerable differences occur in the distribution of heat through the body, not only on the surface, but in the interior, at the same distance from the surface, and the distribution of heat in the body is remarkably affected by its partial abstraction. Liebermeister's experiments were not extended over a sufficiently long period; for after exposure to cold it takes a long time for the peripherically cooled fluids to become thoroughly mingled with the warm fluids of the interior—i. e., for the loss of temperature to be uniformly distributed through the body. The chief generators of heat, Dr. Winternitz maintains, are the large actively secreting or functioning organs of the body—the liver, spleen, &c.

CAUSES OF DEATH.

IN recommending a registration of diseases, the Sanitary Commission find a strong argument in the errors which deductions from the death-registers so often lead to, one of the commonest of such errors arising out of the fact that persons attacked by one disease often die of another, which appears in the official returns as the sole cause of death. Dr. Rumsey, in his evidence before the Commission, drew attention to this feature in the Registrar-General's returns, saying that, although the form of medical certificate provides for a primary as well as a secondary cause, he had never been able to make out satisfactorily which cause was entered in the statistical classification employed at Somerset House. "There is," he says, "a great mystery in this classification," and we take it for granted that Dr. Rumsey would hardly speak without book on such a matter. In truth, it is sufficiently evident that this is a weak point in the Registrar-General's classification, for we find Dr. Farr himself telling the Commission that he had been instrumental in getting both primary and secondary diseases recorded in the vital statistics of the army. Clearly if the distinction is worth making as regards the army, it ought to be made for the whole population. No doubt it may be answered that there are difficulties in the way, but should it not be the business of a Government statistical department to overcome difficulties rather than to be frightened by them? Proof that there is no insuperable bar to a statistical exposition of the facts relating to deaths caused by one disease supervening upon another lies before us at this moment in the "Mortality Experience of the Prudential Company," compiled by Mr. H. Harben, the company's secretary. The deaths occurring within the industrial sphere of the Company's operations during the four years 1867–70 amounted in the aggregate to 35,000; these are first shown according to Dr. Farr's classification, and then we have a tabular arrangement of primary and secondary causes distinguishing the sexes at different

periods of life. From this table we gather, that out of 3308 fatal cases of scarlet fever, the disease was uncomplicated in 2262 persons, was followed by dropsy in 293 instances, by convulsions in 230, by throat disease in 149, and by lung disease in 138. Typhus was uncomplicated in 446 out of 523, typhoid in 434 out of 553 fatal cases, lung disease being in both the most frequent supervening complaint. Rheumatism and rheumatic fever were followed by heart disease in 63 out of 183 cases. Measles was followed by lung disease in 43 per cent. of the fatal cases, and was uncomplicated in 33 per cent. Of 1951 deaths from pneumonia, 1635 resulted from that cause alone. Bronchitis was also uncomplicated in three-fourths of the fatal cases; in 191 it was followed by convulsions, in 55 by phthisis, in 109 by lung disease, in 151 by dropsy, and in 49 by heart disease. Whooping-cough was associated with lung disease in 244, and with convulsions in 182, out of 839 fatal cases. Croup was rarely complicated; heart disease and dropsy were in frequent combination. We might pursue this analysis at great length, but we have quoted enough to show the interesting nature of the results Mr. Harben has brought together. His remarks upon medical certificates, and other points which he has brought forward, we shall notice on a future occasion.

RAILWAY READING.

THE nature of the literature that is provided for railway travellers, and the clue that this literature gives to the habits of mind of our locomotive classes, are subjects that may well engage the attention of the philosopher and the moralist. Seductive as they are, however, we shall not at present dwell upon them; and our heading is solely intended to carry a reference to the effect which the practice of railway reading will have upon the vision of those who indulge in it. The human eyes are marvellously long-suffering organs; but, even for the best of them, there are trials to which they ought not to be unnecessarily exposed, and the season of the year at which we are now arriving, the period of shortening days and of dim twilights, is one that calls for increased circumspection on the part of the railway reader.

In order to read clearly, it is necessary that the eyes receive an adequate amount of light from the page, that they should be so directed that their axes of vision, if prolonged, would meet upon the word that is looked at, and that they should each be accurately accommodated, by internal adjustment, for the distance at which the page is placed. Now bad print and imperfect illumination are conditions which frequently coexist in a railway carriage; and, in order to compensate for them, we bring the page nearer the eyes, so that a larger quantity of light may enter the area of the pupils. But a near page implies also an increased effort both of accommodation and of convergence, and thus calls upon the muscles of the eyes, both internal and external, for a considerable amount of work. The reader, especially if his accommodative power is already curtailed by advancing life, will probably bring the book or newspaper quite to his near point; or, in other words, will exert all the accommodation that he possesses. In the meanwhile, the various concussions and oscillations incidental to our defective systems of railway traction will constantly produce little variations of distance between the eyes and the page, and these will call upon the eyes for corresponding sudden changes of accommodation, already strained nearly to its utmost tension, as well as for less important changes of convergence. The result, in many instances, is muscular fatigue, evidenced by sensations of weight and weariness about the eyes and orbits, followed by congestion, at first active, and afterwards passive in its character. Such overwork, if persisted in, tends to pave the way for degenerative changes, such as cataract and glaucoma.

The moral hence to be drawn is that railway travellers should not carry reading in the train to the point of fatigue, that they should not read in a waning or defective light, and that they should give to good paper and bold type a very decided preference over much of the cheap literature that is provided for their special delectation.

A PEOPLE'S PARK.

WE understand that the Secretary for War has agreed to dispose of a considerable extent of land to the Mayor of Portsmouth for the purpose of establishing a "people's park." The land is situated between the railway station and the military hospital, and may therefore be described as between two of the most populous districts—Landport and Portsea. In the immediate neighbourhood of the military hospital is a large piece of water—the Mill-dam. It is connected with the harbour, and is therefore to a certain extent tidal; but the power derivable from this source is mainly utilised by a mill situated at the bridge connecting Portsmouth with Portsea. At the back of the hospital the water is quite stagnant, and it used to receive, if it does not now do so, much of the sewage from Landport. What with decomposing weed and mud and dead dogs, the odours from the mill-dam and its tributaries have long been felt as a nuisance, although this has been tolerated in consequence of its being understood that the Government was to level the earth defences around the hospital, fill up the dam, and erect barracks in the immediate vicinity of the glacis. Portsmouth is a healthier town than a stranger would be led to expect from inspecting it; but it enjoys the advantage of a very exposed position. The drainage of Southsea has of late undergone great and expensive alterations. If the intention of a "people's park" be carried out, there can be no doubt that it will be a vast sanitary improvement to the place, and a source of health and pleasure to a large and very populous district. Portsmouth is the birthplace of a novelist whose genius, geniality, and sympathy with the poor must always form a bright spot in the history of the literature of this century—Charles Dickens; and we know how cordially he would have seconded anything likely to bring freshness, cheerfulness, and health nearer to the homes of the poor.

THE ORDER OF ST. JOHN OF JERUSALEM.

UNDER the watchword "Pro utilitate hominum" this Order has acquitted itself to the admiration of Christendom. Its programme includes many other charitable enterprises than that of aid to the sick and wounded in time of war; the sick poor, the victims to mining accidents, every case of distress, in short, without respect to creed or colour, being recognised as fitting objects of its care. The terrible struggle that convulsed Europe last year has, however, given a peculiar prominence to its exertions in relieving the sick and wounded. It is not generally known that the Order was the first in England to conceive this philanthropic enterprise. In 1868 Captain C. J. Burgess, its assistant-secretary, received permission from the President of the Geneva Convention to establish an English branch, and, after much correspondence, resulting in small encouragement from the War Office and Admiralty, a provisional Committee was formed in London. Out of this nucleus developed the organisation which proved of such signal service to the cause of humanity last year. H.R.H. the Prince of Wales became its president, and Colonel Loyd Lindsay, V.C., chairman of its executive. Among those who rendered important assistance to the furtherance of its objects, Mr. Furley and

Capt. Burgess have earned honourable mention. The philanthropic triumphs of the Order are now matters of history; and contributed much to make the Society with which it connected itself a permanent from being a temporary institution. Meanwhile the Order has been not less active in prosecuting its beneficent labours among our public charities; and Charing-cross and King's College Hospitals are among the grateful recipients of its bestowal of cooked diets. Worcester Dispensary has received and acknowledged similar aid; while Leicestershire and Kent—the former during a typhoid epidemic, the latter in the affair of a rural hospital—have equally the Order to thank. These are facts which ought to be better known, conducing as they must to such a recognition of the Order and its enterprise as may lead to that co-operation with other Societies which is so much to be desired.

CONCORDIA EST POTENTIA.

THE above motto has been adopted by the Medical Club, as embodying the principle by which it is guided, and the aim which it has in view; and, judging from the large gathering at the re-opening banquet on Wednesday last, and the hearty feeling exhibited by all present, there would seem to be no doubt now as to the Club securing that success which the power of concord commands. Between sixty and seventy members sat down, in the new large dining-room, to a sumptuous dinner served in a manner that could not be improved upon, the bill of fare, the attendance, and every detail in the arrangements being of the best possible character, and leaving nothing to be desired. Sir William Fergusson, Bart., occupied the chair, and, in speaking of the Club, its history, position, and prospects, alluded with satisfaction to the real and obvious progress which it has made, and congratulated the members on the final dispersion of the dark cloud which, usually hanging over young undertakings, had continued in this instance its threatening appearance until even last year, the fifth of the Club's existence.

The alterations and enlargements which have been made in the rooms will very greatly add to the comfort of the members, and render the establishment as complete and efficient as any of a similar size in town.

We understand that the Club musters close upon 600 members, and that it is the intention of the Committee to maintain the present terms of admission until the number amounts to 700, when the entrance fee will be considerably increased. We can only repeat the opinion which we have often expressed, that the Club supplies a want long felt by, and deserves the continued support of, the profession.

THE SUPPLY OF SUBJECTS.

THE amendment in the Anatomy Act, by which it was rendered legal to preserve subjects during the summer for the winter dissection, was, we find, taken advantage of to any extent only by the two schools of Guy's and St. Bartholomew's.

At Guy's Hospital the results have been eminently satisfactory. Ten subjects were carefully injected with a strong solution of arsenic in glycerine, and were afterwards kept wrapped in cloths saturated with glycerine. The effect has been to enable the students to begin the session with an unexampled supply of material for anatomical study; and from personal inspection we can say that nothing in the least offensive was to be perceived about any of the bodies. We noticed that there was a peculiar dark tint about the skin of some of these preserved subjects; but within, the parts seemed to retain their ordinary appearance, except that the nerves appeared slightly swollen and rather more translucent than usual. The cost of the glycerine is considerable, making a difference of 30s. to £2 in the cost of injecting each subject; but this outlay is amply repaid by the satisfaction which a good supply of subjects in October gives to both teachers and pupils.

At St. Bartholomew's an attempt was made during the summer to preserve subjects by keeping them in an ice-house specially constructed for the purpose; but this system proved a failure, and was shortly abandoned. Recourse was then had to an injection composed of glycerine, carbolic acid, and chloride of zinc, the subjects being still kept in the cold ice-house. In this way four subjects have been preserved since the end of August, and are now in process of dissection, and nothing could be more satisfactory. The skin is of the natural colour, the muscles are red, and the nerves white. The paint-injection of the arteries appears to have to some extent failed; but this is a matter of small moment.

The satisfactory results in the two instances we have given show that, contrary to general expectation, it is possible to preserve subjects during the summer. We believe it to be of the first importance that the bodies should be injected before decomposition begins to any appreciable extent, and, if this is attended to, the best results may be anticipated. We hope that next year other schools will follow the examples thus afforded them.

UNIVERSITY COLLEGE HOSPITAL.

OUR readers may possibly remember that some correspondence took place in these columns early in the year on the subject of a proposed amalgamation between University College and the Middlesex Hospital, for the purpose of clinical teaching. That scheme fell through, we believe owing to the impracticable conditions advanced by the representatives of the Middlesex Hospital staff, immediately after—*postea si non propter*—two eminent members of the Middlesex Hospital staff went over to St. Thomas's. We are glad to learn from the prospectus of University College that, notwithstanding the failure of the amalgamation scheme, the students of University College will have the advantage of seeing the practice and of holding clinical appointments in the wards of Middlesex Hospital during one year, in addition to the practice of University College Hospital, by payment of a small additional fee, which, however, only raises the hospital fees paid at University College to the level of the other metropolitan schools. This arrangement will, no doubt, be satisfactory to both establishments, for the Middlesex Hospital will gain a number of pupils, and will thus have its clinical appointments always filled up; while University College, with its increasing entry, will be relieved from the difficulty which had begun to press upon its authorities, of finding clinical appointments for all its pupils.

THE LIVERPOOL BOARD OF HEALTH.

MR. NETTEN RADCLIFFE, one of the Inspectors of the Local Government Board, was present, by special arrangement, at the last meeting of the Liverpool Health Committee, for the purpose of giving an official opinion as to the site in Love-lane, on which the committee propose to erect a hospital for the reception of any cases of cholera that may be imported into the town by the shipping. After a few personal remarks by one of the committee as to the urbanity of Dr. Trench, to which that gentleman replied in suitable terms, Mr. Radcliffe gave reasons in detail why, in his opinion, the proposed site was suitable and sufficiently convenient. He also replied categorically to the various objections that had been raised against it,

and remarked upon the apparently insuperable obstacles that arose in the way of carrying on the administration of the hospital ship in 1866. It is probable that the site above referred to will be secured, and that arrangements will shortly be made for the erection of a temporary hospital. Meanwhile we are somewhat at a loss to comprehend the precise nature of the difficulties that arose in 1866 with reference to the floating hospital. Isolation is of paramount importance; and the balance of evidence in favour of the use of hulks as temporary hospitals is sufficiently decided to make the subject, at the present time, worthy of further consideration.

LONDON HOSPITAL MEDICAL COLLEGE.

THE biennial festival was held at the London Tavern on Monday, October 2nd, at 6 P.M. Dinner was served at 6.30. The chair was taken by T. B. Curling, Esq., F.R.S., and more than ninety gentlemen assembled to support him. The toasts comprised "The Old Students," proposed by the chairman, and responded to by Dr. Daldy; "The Hospital and House Committee," proposed by Mr. Jonathan Hutchinson, and replied to by Mr. E. H. Currie, Chairman of the House Committee; "The London Hospital Medical College and its Professors," given by Mr. W. J. Dixon, House Governor and Secretary of the Hospital, in a most able and humourous speech, and eloquently responded to by Dr. Letheby. Dr. Andrew Clark proposed "The Health of the Chairman," in terms of ornate eulogy, and with much warmth of feeling, and the chairman responded with felicity. Other toasts followed, and the meeting passed off in a most successful and agreeable manner.

SANITARY VICTORY AT CALCUTTA.

MR. CLARK, the engineer of the municipality at Calcutta, has succeeded in overcoming the resistance made by the justices to his plan for the drainage of that city. He has in charge three distinct drains, the two largest for the main drainage, the smallest for the branch sewage. The sewage is carried from the town to a piece of waste marsh. The criticism to which Mr. Clark's plan was subjected assumed every possible form. Some said it could never act mechanically; others, that the discharge would poison the city. To settle the point, three eminent engineers, Messrs. Sibley, Isaac, and Denham, were asked to report on the scheme. Their answer has just been given, and it is all in favour of Mr. Clark. The justices announce that his success has been complete, and that the plan should now be extended to the whole of Calcutta. The estimated cost amounts to £815,751. The money is to be borrowed on debentures; and the Lieutenant-Governor is asked "to consent to such an amendment of the Municipal Acts as will enable the justices to borrow so large a sum, which the Imperial Government will be requested to lend on favourable terms." Neither Government will, we think, offer any obstacle to the realisation of a plan which *The Times* correspondent justly calls the "Plassy of sanitary reform in India."

ILLEGAL BURIAL.

A CASE, which adds another to the many illustrations of the defects in our system of birth and death registration, came before the Bangor Police-court last week, when the sexton of a parish in that locality was charged with burying the body of a child without a registration certificate, and failing to give the notice to the registrar of such burial required by the Registration Act. It appears that the child was the illegitimate offspring of a young girl of fifteen; that it was born alive and lived for seven hours; that the girl's father took the body in a box to the churchyard, where it was buried by the sexton without inquiring whether the child had been born alive or dead; and that had not Lord Penrhyn accidentally become acquainted with the facts and instituted an inquiry, the local registrar of deaths would never have known *officially* anything about the matter. But perhaps the most extraordinary and unsatisfactory feature in this case was disclosed by the registrar himself, who, according to the newspaper report of the proceedings, "informed the Bench that during thirty-four years he had never received notices in cases where the children lived only a few hours and were buried unbaptised, from any clerk or sexton in the union." Lord Penrhyn justly remarked that this showed how lax the system had hitherto been, and he proceeded, in passing sentence upon the law-breaking sexton, to admonish all the clerks and sextons of that country side as to their obligations under the law. But there is one thing which his Lordship appears to have omitted, and that is, to raise the question how far the registrar was himself responsible for the prevailing disregard of the law. Nevertheless, it strikes us that this would be worth investigation, the starting point of which should be the remarkable statement of the registrar as quoted above. The 18th Section of the Registration Act requires every registrar "to inform himself carefully of every birth and every death which shall happen within his district," and to register the event as soon as conveniently may be done. Now we put it to the Registrar-General whether he is satisfied that an officer has complied with the instruction just cited, who avows a knowledge that children have been born alive in his district and buried, whom he has never registered at all? The following question by the magistrate's clerk, with the registrar's answer, are significant as bearing upon the inquiry we have suggested: "Did you receive any notice from any member of the family of the death and burial of this child?—One woman told me lately that *at the time she in my presence hinted that there was a child.*" It seems to us that the clause of the Registration Act to which we have referred was framed on the assumption that the registrars would have frequently to rely upon "hints" in the prosecution of their duties.

CENTENARIANISM.

As the subject of old age has, during the last week, been again brought on the *tapis* by the publication in *The Times* of two apparently well-authenticated instances of longevity, we may venture to call attention to an article in the current number of *Macmillan's Magazine*, by Mr. Ray Lankester, in which five examples of persons attaining a hundred years or upwards are quoted. Mr. Lankester maintains that it is in sanitary action that the *elixir vitæ* has been discovered in these days, and makes the following observations on the comparative longevity of various classes of society:—

"As to the means by which to live long, and to give ourselves the chance of enduring to our hundred and tenth year, if we have it in us, or to our eightieth only, if that be the limit of our 'matter of life,' we must consult the statistics which are available, and not try to draw any conclusions from these extreme cases. What will lengthen, and what will shorten life, however, becomes a question of general longevity; and this we did not propose to ourselves to discuss on the present occasion. We may, nevertheless, notice that everything seems to show that the appliances of civilised life, and quiet regular habits, are the chief conditions of long life. Europeans are, it seems, longer lived than other men; and Englishmen than French, Germans, Swedes, or Belgians, as far as statistics tell us. In Lord Bacon's time there was a prejudice in favour of the wild Irishmen—'Hiberni sylvestres' as he calls them—who were in the habit of smelling the fresh earth and

drinking infusions of saffron. Statistics and Saxon domination have deprived Ireland of this pre-eminence in longevity. We also find, from statistics comparing the expectation of life at the age of sixty given by various authorities, that in England agricultural labourers of that age belonging to friendly societies, and hence sober, well-to-do men, stand first, and may expect to live nearly eighteen years longer, whilst confirmed drunkards stand last, with only half that chance of life. The females of the aristocracy come next to the labourers, with sixteen years and a half; the male members of the aristocracy next, with only fourteen years and a half; clerks follow with twelve and a half; men in Liverpool with twelve; miners with eleven and three quarters; whilst sovereigns of all countries at sixty years of age have an expectation of a little less than eleven years of life. Distinguished men live a shorter time than less distinguished, on account of their harder work; married live longer than unmarried persons, on account, perhaps, of the measured tranquillity of connubial life; women longer than men, because they lead an easier life; and the clergy longer than other professional men for the same reason."

MEDICAL OFFICER OF HEALTH FOR ISLINGTON.

AFTER a very exciting election, in which the contest lay between Drs. Corfield, Tidy, and Haviland, Professor Corfield was chosen to succeed Dr. Ballard. We think that both Islington and Dr. Corfield may be congratulated on this appointment. We fear that the millennium predicted by Dr. Corfield, in which physicians will have only to prevent, and not to try to cure, epidemic disease, is not so near as he seemed to anticipate in his speech of thanks, but it is likely to be hastened by the election as officers of health of men who have shown a special liking for the study of questions bearing on public health. One secret of Dr. Ballard's success was the courtesy with which he sought the co-operation of his professional brethren; and we sincerely hope that in this respect, as in his energy, he will be imitated by his successor.

THE LEEDS SANITARY EXHIBITION.

DURING the meeting of the Social Science Congress at Leeds a Sanitary exhibition has been brought together, and thrown open to the members and the general public. We shall be able next week to give a detailed account of any novelties that it contains, and must at present be content to express our great approval of the plan on which it has been formed. Hastily brought together, it is far from being complete; and want of practice in such matters may probably explain the admission by the committee of a few exhibits that it would have been better to reject. Still these are small defects which time and experience will cure; and we shall confidently expect, even next year, to see a collection of a highly interesting and instructive character. There are certain advantages in its being brought together in a country town, where the classes for whom it is chiefly needed are far more accessible, and where any kind of exhibition is far more attractive, than would be the case in the metropolis itself.

CHARGE OF MURDER AGAINST A DRUGGIST.

AT Rotherham, in Yorkshire, William Collinson, a druggist, of Masbro', has been found guilty of manslaughter by a coroner's jury and of murder by the police magistrates under the following circumstances:—A young unmarried woman consulted him and afterwards miscarried. After the miscarriage she had peritonitis and died. The principal evidence against the druggist consisted of statements made by the dying woman, and deposed to by various witnesses, to the effect that she was in the family way, that the druggist in question was the father of the child, and that, complaining of her situation to him, he said he could put her all right if she would let him. She assented, and he used an instrument like a catheter in a little room behind his shop. At the post-mortem no marks of violence and no cause of peritonitis but the abortion could be discovered. The defence and explanation of the accused were very remarkable. He said that the young woman came to him complaining of great pain, and not having passed water for three days. He passed a catheter, took away a pint of water, and the patient expressed herself as greatly relieved. The druggist was committed by the magistrates to be tried for murder at the assizes.

THE OPHTHALMIC CONGRESS AT HEIDELBERG.

THE Ophthalmic Society of Heidelberg was founded by the late Von Graefe, and owes its success to his energy and activity. The Society holds a congress every year, to which eminent oculists of Europe are invited. Last year no annual gathering took place on account of the war; but on the 4th and 5th of September last the meeting was held, and many oculists of repute repaired to Heidelberg. Among these we find Arlt of Vienna, Donders of Utrecht, Critchett of London, Warlomont of Brussels, Knapp of New York, Horner of Zurich, Schweigger of Berlin, Von Wecker of Paris, and several others. Many important papers were read; and at the conclusion of the meetings Mr. Critchett proposed that next year's congress be held in London towards the middle of August. This invitation was unanimously accepted.

SMALL-POX AND THE SHIPPING.

ALTHOUGH the epidemic is now quickly passing away from our urban populations, commercial interests are still suffering. The master of the ship *Levant*, of Liverpool, reports that on the 29th ult., in open sea, he sent his mate to take command of a vessel bound to Alexandria because the captain of the latter had died of small-pox and there was no one on board competent to navigate the vessel. On the 4th ult. a steamship from Cardiff for Malaga put into Falmouth with cases of small-pox on board. And on the 6th ult. the captain of a vessel moored in the Northumberland Docks, Shields, was attacked with the disease. These records show sufficiently two points—1st, that a general supervision of the shipping is urgently required; 2nd, that, in consequence of the absence of all supervision, certain British ships employed in both home and foreign trades are at the present time floating establishments for the propagation and perpetuation of small-pox, because no attempts have ever been made to cleanse or disinfect the close, damp, forecastles inhabited by the respective crews.

CHOLERA.

THE Indian correspondent of *The Times* writes that there is official intelligence from Bagdad up to the 19th of July, and that cholera was spreading rapidly in Turkish Arabia. On the 11th of May it still lingered at Busreh, and had attacked a number of villages in the neighbourhood. Since then it had run up the banks both of the Tigris and Euphrates, and made severe ravages among the Arab tribes.

The disease is raging in the Baltic provinces. The deaths at Königsberg and surrounding places are numerous and daily increasing. The Prussian Government have taken measures for obtaining weekly returns from all the places visited by the epidemic. Passengers from Dantzig to Stralsund by sea are stopped in the latter place and subjected to searching examinations. The same holds good for Stettin, Swinemunde, Elbing, and Riga. In Italy all vessels coming from the north must submit to quarantine.

Several cases of cholera have been noted at Pera, and in the surrounding villages. A few slight cases have appeared at Smyrna. There were 166 deaths from cholera in the week ending October 9th, at Constantinople.

THE HOMŒOPATHIC APPOINTMENT AT SOUTHAMPTON.

DR. ARCHER has applied to the Board for a supply of a few of the most important homœopathic medicines, observing that they are not in the British Pharmacopœia, and that nothing in that book will suffice to take their place. As was to be expected, the board immediately granted the request. Our only remaining interest in this question concerns the view taken of it by the Local Government Board on the one hand, and the paupers on the other, who are to be made homœopaths *nolens volens*.

WE are glad to be able to report that the progress of Her Majesty's health is most satisfactory.

THE annual meeting of the subscribers to the Royal Albert Asylum for Idiots and Imbeciles was held on the 30th ult., at the Bradford Mechanics Institute, and was very numerously attended. This establishment, the main building of which has just been completed, owes much of its administrative success to the untiring exertions and able superintendence of Dr. de Vitrè, who acts as Chairman of the Central Committee.

WE understand that the Japanese authorities have expressed to the Foreign Office their great regret at the death of Dr. Newton, R.N., who distinguished himself by introducing lock hospitals at Haga-Saki, and also strongly promoted the practice of vaccination in Japan. It is probable that the regrets of the Japanese Government will find expression in some tangible form of memorial.

A MEETING was held at Hampstead, on Wednesday, Mr. Torrens, M.P., in the chair, in opposition to the decision of the Local Government Board to use the sheds now occupied for small-pox cases for those of cholera, under the Metropolitan Asylums Board. A resolution against the plan was carried.

THE vacancy in the junior staff of Charing-cross Hospital caused by the death of Dr. Hyde Salter and the promotions consequent thereupon, will, we understand, be probably filled by Dr. G. V. Poore, the registrar of the hospital, and lecturer on Forensic Medicine in the medical school.

A PARLIAMENTARY RETURN shows that 14,406 members of Friendly Societies in Ireland experienced 34,152 weeks of sickness and 1956 deaths during the five years 1866-70. The ratio of annual sickness was 3½ days per member, and the mortality was at the rate of 28 per 1000 annually.

THERE has been a considerable amount of correspondence in *The Times* and other daily journals during the past fortnight on the subject of out-patient hospital relief. Our opinions on the matter have been too often and too emphatically expressed to need repetition.

THE Lord Bishop of Rochester has, with the approval of the Chaplain-General, formally licensed and admitted to the office of Reader in lay orders of the Church of England, Asst.-Surgeon Charles Henry Leet, of the Royal Engineers.

LORD BATHURST has announced his willingness to bear a large share of the expense of providing a new and improved water-supply for the town of Cirencester.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund held on the 10th inst., Sir Edward Hilditch, Inspector-General, in the chair, the sum of £77 was distributed among the various claimants.

THE Lambeth Vestry have appointed a committee to look into and report on the sanitary condition of the parish, and on the best means of securing an effective sanitary administration.

MR. CORDY BURROWS has again been elected Mayor of Brighton.

DISINFECTION.

No. III.

THE principle we have laid down—that we should not seek to remove impurities from the atmosphere by means of disinfectants, but that we should hinder the pollution of the atmosphere by applying disinfectants to surfaces which are befouling it—has never yet been sufficiently insisted upon, and is diametrically in opposition to much that passes current at the present day. History, too, records curious examples of the contrary procedure. In Dr. Angus Smith's book "On Disinfectants," we read that in 1780 Dr. Carmichael Smyth used nitrous fumes for disinfecting purposes in Winchester, and afterwards in the Fleet; and in the year 1802 was rewarded by Parliament with a vote of £5000 for his services.

The impracticability of dealing with the atmosphere by disinfectants can, notwithstanding, be very readily shown. Every chemist who calls to mind the extreme difficulty with which a comparatively small volume of gas is deprived of traces of impurities (for instance, the trace of carbonic acid naturally present in the atmosphere) will comprehend the immense practical difficulty of purifying the atmosphere of a dwelling-room by means of reagents which act by absorption; whilst the necessity, when dealing with the air of a dwelling-room, of not adding so much corrosive or stinking chemical to it as to make it unfit to breathe, is a complete bar to our attempting either the destruction of aërial poisons or the killing of aërial germs by the addition of powerful volatile chemicals to the atmosphere. When we add to the atmosphere of a room a sufficient proportion of an ordinary gaseous disinfectant to act on the atmospheric impurities, we render it unfit to breathe, and fit only to be sent up the chimney. All those mixtures for generating chlorine in dishes exposed in the sick-room, all the cloths soaked in liquid disinfectants and hung up in the room, are more or less futile for the purpose for which they are intended. In this general condemnation we do not include the use of disinfectant cloths to block up window or doorway communicating between the sick-chamber and the rest of the house. This we regard as quite legitimate, and as helping to isolate the patient.

In the selection of disinfectants for use in the sick-room, we should prefer such as are non-volatile and destitute of smell—such, in fact, as will not themselves defile the air. For this reason, among others, bleaching powder and carbolic acid are not so suitable as some other disinfectants. Copperas and chloralum, possessing the requisite qualifications of being non-volatile and odourless, and being at the same time active disinfectants, are mentioned in the Oxford Disinfection Minute, which we have already referred to, and from which we quote the following:—

"Watercloseta, privies, cesspools, and drains can be disinfected by copperas (sulphate of iron). Carbolic acid can be used with advantage with, or after, but not without copperas. A certain quantity of disinfectant will disinfect only a certain quantity of foul matter, and disinfection is

imperfect till all hot smell or alkaline reaction is abolished. For the disinfection of a cubic foot of filth, half-a-pound of copperas dissolved in a couple of quarts of soft water is sufficient. The daily addition by each individual using a privy or watercloset of two-thirds of an ounce of solid copperas to such privy, or one-third of a pint of the above solution to such watercloset, will keep it wholesome if any accumulation of filth which it may contain or communicate with has been previously disinfected according to the directions given above. Carbolic acid, which need not be chemically pure, can be used after the addition of copperas till the place smells strongly of it. It should be used in the fluid state, its combinations with lime and magnesia having an alkaline reaction, and being therefore unsuitable for the present purpose. It may be diluted by being shaken up with twenty times its volume of water, and if poured from a watering pot with a rose nozzle over the sides of a recently emptied privy or cesspool will do great good. Sawdust or sand strongly impregnated with carbolic acid may be used for this purpose. Chloralum (solution of chloride of aluminium of specific gravity 1160) will acidify ordinary sewage, and destroy its living organisms when added in the proportion of one part to forty. It may be expected therefore to act as a disinfectant. This cannot be said of chloride of lime. All watercloseets and privies should, when epidemics of cholera or typhoid may be expected, be disinfected whether they be offensive or not. It is well at such periods to avoid using any such conveniences which have not been disinfected, especially if, as at hotels and railway stations, they may have been used by persons from infected localities. All the conveniences mentioned need ventilating as much as living-rooms do."

The subordinate position of carbolic acid is noteworthy. If the experiments and researches that have been undertaken in regard to carbolic acid be reliable (*vide* Crace Calvert in the *Chemical News* of Dec. 9th, 1870, and Dr. Ballard's remarks thereon in the same journal of Jan. 20th, 1871), then we must admit that undoubtedly carbolic and cresylic acids are about the most powerful of antiseptics; and there are few who will not admit that where carbolic acid can be used, it is the best for direct disinfection. Its odour is the objection against it, but still there is a very large number of cases in which the odour of the disinfectant proves no bar to its employment.

The minute also assigns a low rank as a disinfectant to chloride of lime; and here it will not be out of place to indicate the manner in which different disinfectants act on a mass of organic matter in incipient decomposition, such as fæces, urine, &c.

Copperas, chloralum, and Burnett's solution (chloride of zinc), absorb the most offensive products of decomposition, which appear to be stinking alkaloids, and in so doing deodorise; they may also act as powerful antiseptics—that is to say, arrest putrefaction, and so prevent the production afresh of products of decomposition; but more evidence is wanted on this point. Carbolic acid does not absorb the products of putrefaction which has already taken place, but it arrests putrefaction, and so stops the further production of products of decomposition. Bleaching powder and Condy's fluid (alkaline permanganate) appear to oxidise the products of decomposition, but they have little power as antiseptics—that is to say, they have little power of preventing the organic matter from continuing to putrefy. These latter, therefore, are not so economical as other disinfectants.

For use in cesspools and drains there is at present in the market a very cheap material known as Cooper's salts, and consisting of a mixture of chlorides. It has considerable deodorising power. It deserves a trial in privies and urinals, and indeed is known to answer in the latter.

Leaving the watercloseets and cesspools, and returning to the sick man's chamber, the first thing demanding attention is the night-stool or bed-pan, which should be charged either with a sufficient quantity of copperas or else chloralum. We think that most persons who have tried the two will be inclined to give the preference to the latter, from its superior cleanliness, and in the form of a dry powder sufficiently cheap to be used to cover the excreta it will be found very convenient. Charcoal or sand to cover up excrement and discharges of all kinds, and these moistened with copperas solution, or solution of chloralum, will also answer. But carbolic acid and bleaching powder may be used in the sick chamber, on an emergency, when nothing better is at hand. Chloralum is very likely the best of the non-volatile disinfectants, but its superiority to Burnett's fluid, sulphate of iron, &c., can hardly be said to be as yet established.

The clothes worn by a patient ill with small-pox or cholera should afterwards be burnt, and, as far as possible, the bedding too. Failing this, they should be boiled for half an hour with soap and water, or else exposed to a dry heat of 250° F. In order to produce an appearance of cleanliness, bleaching powder may be used in the subsequent washing of the linen of patients suffering from infectious diseases; but it would be injudicious to rely on that substance as a disinfectant of the linen. Finally, it should be remembered that the surface of every solid which is for a length of time exposed in a sick room inhabited by patients suffering from infectious diseases is liable to contract a taint, and will need disinfection. The surface of the patient may even be treated, and with great advantage to himself and everybody concerned. In most cases, as is now recognised, a bath will at least do no harm, and in cases of small-pox the addition of some convenient disinfectant to the bath has been found to comfort the patient.

THE BIRMINGHAM SEWAGE INQUIRY.

THE Town Council of Birmingham, having been alarmed at the costly nature of the proposals for utilising the whole of the sewage by irrigation, appointed a fresh committee for the purpose of seeking for some alleviative scheme. That committee has visited the principal sewage irrigation farms, and has inspected the excrement-removal processes carried on at Manchester, Rochdale, Nottingham, Hull, and other places. The report contains an admirable account of the state of Birmingham, and concludes with recommendations which, if not entirely sound, are new and worthy of careful consideration.

There are in Birmingham 19,551 middens, their average size being 6 feet long, 5 feet wide, and 5 or 6 feet deep. They cover an area of 13¼ acres. Many are built into the dwelling houses, and by far the greater number have workshops over them. The committee report that the pollution of well-water by sewage matter is general; that sewer gases penetrate through house-drains into the interior of dwellings; that the emanations from the middens are highly dangerous, fevers, diarrhœa, and disorders of the digestive organs being directly traceable thereto. The town has 7005 watercloseets on 3884 premises, and it is calculated that the excreta of less than 20,000 ont of the 343,000 inhabitants are removed by water carriage. The character of the Birmingham sewage is peculiar, owing to the presence of salts of iron, sulphuric acid, &c.; and Dr. Frankland is of opinion that the discharge of such matters into the sewers ought to be prevented. The committee recommend—1st. The gradual abolition of middens and the substitution of a new privy system based upon the principle of excluding from the sewers, and collecting weekly, all excrementitious matters both solid and liquid. 2nd. A system of exclusion from the sewers of the refuse of slaughter-houses, markets, and urinals. 3rd. An experimental trial of the Rochdale and Manchester systems. 4th. The imposition of a rate on occupiers in respect of watercloseets connected with the sewers. 5th. The exclusion from the sewers of all matters likely to be prejudicial to vegetation. And with respect to the sewage, they append the reports of Mr. Hawksley, who, oddly enough, recommends a system of sewage irrigation in which no mention is made of the area required, and in which the sewage is to be used only for the production of rye grass. They also give a report from Mr. Hope, which is entirely novel in recommending the adoption of sewage irrigation in combination with the employment of a huge downward filter having an area of 750 acres; this filter to be constructed on the plan recommended to the Royal Commission by Professor Frankland. This scheme the committee practically recommend, and they propose to purchase 800 acres, of which 200 are to be

arranged as a model sewage farm, and the rest as a filter. Mr. Hope believes that this filter will be sufficient to purify the sewage of Birmingham for some years, and that the effect of the model sewage farm will be so to convince the neighbouring farmers and landlords of the great manurial value of the sewage that they will be ready and anxious to utilise the whole before the filter has been spoiled. This feature deserves the attention of the authorities of inland towns. It seems to us one way of meeting a great practical difficulty. It is absurd to suppose that municipal authorities will be able to acquire sufficient land to utilise the whole of the sewage of such a town as Birmingham; indeed, it is quite possible that the area of half a county would be necessary. Nor can it be expected that municipal bodies should become farmers on a large scale. It is quite right, however, that the Birmingham Corporation should act as pioneers, and undertake to prove to the farmers of Warwickshire that a valuable manure is within their reach.

We regard the proposal to tax waterclosets as a step in the wrong direction. It has been sufficiently proved that sewer gases have no relation whatever to the presence of excrementitious matters. All foul waters will give rise to noxious gases, and no sewers can be rendered free of them. Whether, therefore, there be more or less of waterclosets, there will be no difference in the danger of sewer emanations. The value of the sewage for purposes of agriculture is, however, seriously diminished by the exclusions which the committee have proposed. The Council may be assured that they would find no greater difficulty in dealing with the sewage even if the excrement of the whole town were put into it. The richer it is in urine and excrement, the more marked will be the effect, and the greater will be the profit of the irrigation farm; and in proportion to this will be the desire of the farmers and landowners to utilise the whole. The Council, instead of taxing waterclosets should rather pay a premium to all who use them.

THE HAMPSTEAD HOSPITAL INQUIRY.

ON Friday, the 6th inst., the inquiry was resumed.

The first witness called was Mr. Henry Drake Palmer, M.R.C.S., of Nayland, Suffolk, who stated that he acted as assistant medical officer at Hampstead from April 13th till Mr. Aikman's arrival on May-day. He had charge of the ward for female adults, the children's ward, and the isolated ward. He left the hospital at about 10 P.M., and arrived at it about 10 A.M. daily. He had seen delirious children tied down—one with a sheet twisted round its body. On censuring the nurse for this practice she told him that unless she continued it she would be embarrassed by several children getting out of bed at once. He showed the attendants an unobjectionable mode of securing the patients by tying the corners of the sheets to those of the bedstead, a plan which was partially adopted. The supply of milk was often short during the night. The children were not so clean as private patients would be, and vermin and nits were very common among them in the ward. He recommended what he had learnt at Guy's, and applied white precipitate ointment to their heads. He found a child dead in bed one night, but the nurse on duty knew nothing, "having only just come." In answer to the Chief Commissioner he said the child was not in an unusual position. Further questioned by Mr. Collins, he said he had seen a maniacal woman who had been strait-waistcoated without his orders, and who raved nearly two days and one night, to the disturbance of the whole ward, which was full of acute cases, and beyond the power of two day nurses and one night nurse to attend to. The Commissioner here referred to witness's report kept daily during his stay in hospital, and found it largely to confirm his deposition. In continuation, witness said that some cases on ordinary diet were too weak to get up; and that neither he nor the patients nor the nurses remarked the shortness of the beef-tea or milk until after the complaints of Messrs. Kynaston and Greaves. After some discussion as to the condition and high death-rate of the children, No. 12 ward was next taken up. It contained six patients, with but a convalescent occasionally to attend to them. He said he had seen twelve children delirious, who would certainly have injured themselves if not kept in bed. A nurse might manage three or four restless children if in bed next each other—an arrangement which he thought practicable. He saw no injury through tying down. The children brought in vermin with them, but he left it to the nurses to use the appropriate remedies. White precipitate ointment, though a mercurial preparation, he should have ordered, but not indiscriminately for heads in small-pox. The nurses dressed the bed-sores so often dangerous to the life of a patient. The hospital was under a paid superintendent, with paid juniors under him, whose primary duty was the medical treatment of small-pox patients. At Guy's a medical assistant officer was learning his profession, while at Hampstead he was a professional man—the medical duties in the two cases being widely different. Though the bed-sores, he admitted, demanded the most careful treatment, he did not think that the paid medical officers at Hampstead were called upon to act differently in regard to them than the unpaid medical assistants at Guy's. Though at Guy's the nurses were trained, and at Hampstead half-trained, he still thought that the latter were bound to dress the bed-sores and the assistant medical officers to act as visiting physicians. One of the head nurses at Hampstead would have been only an under nurse at Guy's, at which hospital, nevertheless, only a head nurse would dress the bed-sores; in spite of which admission he said it would not be *infra dig.* for a paid assistant at Hampstead to perform that duty. Bed-sores might be prevented if properly attended to, and it was certainly the medical officer's duty to warn the nurse to look after them. He should be greatly surprised to have a bed-sore reported to him three inches in diameter, over the sacrum, and with a gray slough (the case of the girl Stokes). That would be a case of neglect on the nurse's part. In answer to the Chief Commissioner, witness said white precipitate would be improper at certain stages, and likely to issue seriously. The ointment, he stated, was left to the nurses at Guy's to administer, and nurses elsewhere should be trained to the duty. In answer to Mr. Collins, witness said the sisters at Hampstead were regarded as above the nurses, and, being paid, took some responsibility off medical men. He could not remember what constituted the diets; nor would he trust himself at this date to speak of them. He merely ordered the diets; perhaps it was his duty to complain if they were short; but he only complained to the nurses, the complaints of his colleagues being ignored. Discussion at this point became animated as to the diets; the outcome being, that the low diet was altered twice between December and June. The diets being read over, witness learned for the first time that children were on the same low diet as adults. The ordinary diet he thought liberal; but declined to estimate it by the full diet of general hospitals. Cross-examined, the witness said he would leave the white precipitate, like other medicines, to the discretion of the nurses; whereupon the Chief Commissioner informed him that his theory that the sisters and nurses shared the responsibility with the medical men was quite inadmissible, the medical man being wholly responsible for the patients under his charge. The Commissioner added that the witness's view that white precipitate was left to the nurses' discretion was not warranted by the law governing these hospitals.

Mr. A. E. Kynaston, one of the three assistant medical officers who had signed the letter to *The Times*, was next examined, and gave similar evidence as regards the tying down, and the nursing, and the diet. In spite of complaints no more nurses were appointed. Having caught scarlet fever, he was off duty from early in April till the 25th of May; and on his return he found in force an official meeting with Dr. Grieve every morning. On these occasions his colleagues and he complained to Dr. Grieve, who said he was responsible for the number of nurses. He told Dr. Grieve if the dietary were doubled the mortality would be halved; and Dr. Grieve, in spite of his having called it sufficient, altered it within two hours, to the decided improvement of the low diet. The witness proceeded to show that Dr. Grieve did not pay attention to the complaints he made, and said that the assistant medical officers had no responsibility; but he, the witness, thought otherwise. He gave up complaining as useless. An attempt was made to go into the question of the assistant medical officer's dismissal, but failed, when the court rose.

On Monday Mr. Kynaston's examination was proceeded with. Cross-examined by Mr. Montagu Williams, witness thought that at Hampstead the assistant medical officers had duties which no visiting officer would approve. Witness got all he wanted while in the hospital, but not at its expense. He paid for the champagne he took. Admitted the low diet to be "pretty good"; but learned at Guy's that there is no limit as to low diet, attention to which was the essence of treatment in small-pox. Witness deposed to similar effect with Mr. Aikman as to the ordering of eggs, the shortness of milk, especially at night, and the nursing. Mr. Williams here adduced the testimonials given by the witness and his colleagues to nearly all the nurses in the hospital, in which the latter were in certain cases said to be "faultless," and to have earned the "respect and esteem of all," and the like. The witness owned that the nurses of whom he had thus spoken were those whom he now blamed. The witness, in reply to Mr. Williams, denied his knowledge of Reynolds's "System of Medicine," Seaton's Handbook of Vaccination, or of Mr. Marson's work. He had never read any special book on small-pox. The witness proceeded to say that he acted throughout without responsibility, as he thought Dr. Grieve responsible for everything—for reporting matters to the Committee, &c.

On Tuesday, Mr. Kynaston was recalled and examined by Dr. Buchanan: He said it was his opinion that the patients at Hampstead suffered from insufficient nursing. The nurses were not idle at any time. Convalescents helped the nurses very much in the distribution of food, and the sisters very generally assisted. His ordinary night-visit was made at nine o'clock, but he sometimes made it later, in order to take the nurses unawares. Generally he found the nurses awake, sober, and attentive. One of his objects in dropping in late was to see that the windows were open. Sometimes he would hear the patients clamouring for food at night—a Babel. Sometimes he found that the patients had not been attended to, and the nurse said she could not attend to them all at once. It was the duty of the medical officers to attend to the admission of patients, but sometimes they were not sent for, and they were received without their knowledge by the nurses. There were no orders about baths for the patients received, nor about hair being cut off. He thought that all patients ought to be washed and sponged all over. The effects of the disease would be likely to be increased if there was no sponging or washing. He had frequently mentioned these matters to Dr. Grieve and the nurses, but could get no redress. Dr. Grieve agreed that it should be so, but it was not done to any extent. He remembered cases in which his patients could not get their stimulants, but he could not remember any special instances. Complaints were frequently made to him by patients. His complaints on many matters were always verbal, but he never noticed any improvement.—Re-examined by Mr. Collins: Mr. Wyatt, the chairman of the committee, sometimes went into the wards with him, but soon went out again, as the wards of a small-pox hospital were not pleasant places to go into. While he was ill himself, eggs and wine were provided for him out of his own pocket, and his expenses were disallowed by the committee. He complained day by day to Dr. Grieve of the insufficiency of milk, and the allowance was increased. Witness agreed with a published lecture of Dr. Collie, that patients were frequently made frantic by being tied down. He never heard from Dr. Grieve that if the assistant medical officers had a grievance they might appeal to the committee. The nurses asked for the testimonials which were given to them by the assistant medical officers. The nurses to whom he gave testimonials did their duty to the best of their ability.

Mr. William Greaves, one of the assistant medical officers, was then called and examined by Mr. Collins:—He said he was two years assistant at the Staffordshire Infirmary. He was entered at Guy's Hospital, and held many offices there. He commenced his duties at the Hampstead Hospital in 1870. He affirmed the insufficiency of nurses. He saw cases of tying down and reported them to Dr. Grieve, who disapproved of the practice, and, he believed, reprimanded the nurses for it. He believed tying down should only be resorted to under exceptional circumstances, and then only under medical sanction. The tying down occurred in about a dozen cases. He made statements as to the insufficiency of the diets, and the disregard of representations made about them, similar to those of the other witnesses; witness held that for all things beyond the medical treatment the assistant officers were not responsible.

On Wednesday the examination of Mr. Greaves was continued. The witness said that he had considered that he was responsible for the medical treatment of the patients, and that he ought to be held responsible if any mistake occurred. Dr. Grieve, however, told him the contrary. As Dr. Grieve was his superior officer, he had the power of altering his medical treatment. Wherever the orders were contradictory, Dr. Grieve was of course responsible. In ordinary cases, he (witness) considered himself responsible, but he did not think that Dr. Grieve would interfere when he had given orders. Cross-examined by Mr. M. Williams, he said the wards of the Hampstead Hospital were well constructed, and the principles of the ventilation good. Waste pipes were laid in all wards. There was a special ward kitchen to each ward, and there was a large general kitchen in addition; and the cooking was done by steam and gas. At Guy's Hospital, where he had been, there was not a separate bath for each ward. With regard to the Staffordshire Hospital, where he had been, the arrangements were of an entirely different description from those at Hampstead. There could not be any comparison between them, as the mode of administration was so different. He believed that it was the ordinary practice of hospitals not to receive small-pox patients, and up to May the disease was raging fearfully. The Hampstead Hospital was the only one opened for small-pox patients at that time, with the exception of the Hospital at Highgate. He was aware that the admissions into the Hampstead Hospital were on one occasion 300 in one week, but that was an extraordinary week. There was a larger number of patients in the wards than there was accommodation for. He had known two patients in an acute stage of disease in the same bed. Many times those patients were adults, and in some cases they occupied the same bed two nights. He had pointed out to Dr. Grieve that there ought to be more accommodation, but he had never remonstrated with Dr. Grieve. Could not state the minimum amount of cubic space allowed each bed by the Poor-law Board. Witness spoke also to the fact of the milk being bad, of tying down with sheets which he had sanctioned in some cases, and complained of ineffectually in others as contrary to his desire. He approved of straitjackets being obtained. Considered himself responsible for the lives of the patients, but otherwise Dr. Grieve was, as the superior officer. Stated that he complained about the dead body being allowed to remain in the ward, but did not personally see that steps were taken for its immediate removal. Thought he had done his duty in making complaint to his superior.

Dr. Buchanan remarked: "I must here say that I feel rather compromised as a member of the profession to which these gentlemen belong, by the course they adopted on this occasion. I am in the position which one of them regarded himself as being in with respect to Hampstead. I am a visiting physician to a hospital, and if I had seen my patients suffering from the presence of a dead body I should have used some means to remove it, even if I had had to carry it out, sooner than it should have remained to do mischief."

Mr. Collins here stated that this was the conclusion of his case, and his client had no funds to proceed with.

Mr. Williams said it was very hard upon the accused to withdraw now, and it was ultimately arranged that Mr. Henley should make representations in the proper quarter in order, if possible, to remove the difficulty started.

On Thursday Mr. Henley said that the application to assign counsel to the complainants had been sent to the Local Government Board. It was essential that one of the complainants should be present, and Mr. Kynaston would be summoned.

Mr. Williams addressed the inspectors on behalf of the managers of the hospital, which he allowed was not immaculate. There was not a case of complaint as to diet in which Dr. Grieve had been appealed to that was not attended to. The inefficiency of the nurses was contradicted by the fact of the giving of certificates of approval to them. With regard to vermin, small-pox patients were liable to it. The difficulties about clean linen arose from the mass to be washed. The non-removal of "the dead body" was the fault of the complainants. He should call witnesses on these points.—Mr. Wyatt was then examined

at length, and he explained under what great difficulties the hospital was administered to meet a small-pox epidemic. He denied that any undue economy had been practised, and that any complaints reached the committee; and praised Dr. Grieve for his management under the circumstances.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE medical session has commenced in earnest at the General and Queen's Hospitals, and at both there is an average entry of new students. At the General Hospital the work was inaugurated by the distribution of prizes to successful students by Mr. Jaffray, the Chairman of the Weekly Board. The first prize in medicine and surgery was awarded to Mr. Ernest Elkington, who, besides the distinctions he has obtained in Birmingham, has also gained the highest honours in Anatomy at the University of London. The second surgical prize was awarded to Mr. Hands. Messrs. R. Bower, E. Elkington, and Philip Bateman received honorary certificates, and also special commendation from the medical staff for the manner in which they had performed the duties resident medical and surgical assistants; and Messrs. Ernest Birt, F. Tooze, and A. Thomas received certificates of having each held the office of honorary resident dresser for six months.

At the Queen's Hospital there was an inaugural clinical address by Mr. Furneaux Jordan, which was attentively listened to by many of the medical practitioners of the town and district, as well as by a large gathering of the students of both hospitals. Mr. Jordan's remarks on the importance of thorough clinical instruction, and on the duties of both teachers and pupils, were well considered, and deserved the praise awarded to them by Dr. Fleming, who, in proposing a vote of thanks to the lecturer, said, that "the address was excellent in manner, matter, and composition, and would add to the reputation, already very high, which Mr. Jordan enjoyed as a teacher in that school." The prizes, consisting of elegantly-bound standard medical works, were then presented to the most successful students as follows:—Medical prizes, won by Messrs. Parkes and Spear; surgical prizes, by Messrs. Sunderland and Buckle. The prizes offered by the Medical Society were awarded to Messrs. Edginton, Parkes, and Wilson.

The season of introductory lectures has been brought to a close by the admirable address of Professor Huxley at the opening of the winter session of the Midland Institute. The Town-hall was crowded, and great interest was evinced by the audience in the subjects treated by the lecturer during his eloquent two hours' discourse; the chief topics of which were education, and the duty devolving upon the State of encouraging and assisting local centres of intelligence, such as the Midland Institute, and Owens College, at Manchester, because such centres were, in their action upon society, not local only, but general.

On the 2nd inst. the Guardians of the parish of Birmingham opened the new dispensary for the sick poor under their charge. The offices recently occupied by the rate-collectors have been transformed into the necessary consulting-rooms, dispensary, drug store, and waiting-hall, and as much has been made of the available space as could possibly be done. These rooms are situate on the ground-floor of the parish offices, and the hall used by the patients while waiting to see the surgeons is the common passage to the committee-rooms, to the rate-receiving rooms, and to the general board room. It is, therefore, a very cold, draughty, and unsuitable situation for an assemblage of sick people; and, secondly, it is not unlikely that of the healthy poor coming to the guardians for material relief, or even the guardians themselves, may become unwittingly the recipients of the various contagious diseases for which the sick poor have come there to seek medical aid, and may, perhaps, convey diseases to their own homes and families. Another difficulty with regard to this central dispensary is, that the parish is so large that many of the sick poor will have very long distances to travel either to get assistance, or, if well enough, to attend personally; and in cases requiring home visitation a second equally long journey will have to be performed by their friends before the medicines can be obtained. Furthermore, the dispenser not being resident, it is uncertain how the sick are to obtain any remedies which may be prescribed for them by the medical officers between 8 P.M. and 9 A.M. As the surgeons have already been mulcted to the extent of £25 per annum for the support of this dispensary, it is hardly fair to expect them to find medicines for cases to which they may be called during these hours, and yet, if they do not, the poor must suffer. The supply of drugs and appliances ordered for the dispensary is ample, and no parsimony has been displayed as to their amount or quality.

A Pharmacopœia has been published, which seems to be rather more voluminous than select, and with it each medical officer has been supplied with a copy of "Dispensary Regulations." These appear to have been framed with a view to cause needless confusion and trouble to the medical staff, there being no less than nine forms and books to be kept by them. Under the Metropolitan Poor-law Dispensary rules two books are found sufficient, and the guardians of Birmingham are inflicting a useless and irksome task upon a body of men who have already quite sufficient to do to attend to the sick poor of their respective districts without this additional labour.

The presentation of a handsome testimonial, consisting of an address, a microscope, a time-piece, and the publications of the New Sydenham Society, to Dr. Sawyer, late Resident Physician to the Queen's Hospital, took place at a public dinner at the Royal Hotel, on Monday last. Mr. Furneaux Jordan occupied the chair, and a large number of old friends and students assembled to do honour to Dr. Sawyer, and to congratulate him on his appointment as Honorary Physician to the Queen's Hospital, and extra Acting Physician to the Children's Hospital.

At the half-yearly meeting of the Board of Governors of the South Staffordshire Hospital, the Earl of Dartmouth in the chair, the resignation of Dr. Miller, who has for many years been one of the physicians of that charity, was accepted with regret.

Dr. Savage and Mr. Lawson Tait were unanimously, and without opposition, elected surgeons to the Birmingham Lying-in-Charity.

The New Free Hospital for Diseases of Women was opened a few days since. Seven or eight beds will be available for the present, and it is intended also to set apart a ward for persons with limited means who can afford to pay for attendance.

Mrs. Garrett Anderson, M.D., has been giving the opening lecture to the Birmingham Ladies' Educational Association, but the subjects treated by the lecturer related to the general training of women, and had no special medical interest.

The following medical charities of the town will receive legacies of £100 under the will of the late Mr. Alderman Palmer—viz.: the General Hospital, the Queen's Hospital, and the General Dispensary; and under the will of Mr. William Welch, the General and Queen's Hospitals will each receive a legacy of £300, and the Children's Hospital and the Homœopathic Hospital, legacies of £200 each.

Birmingham, October 10th, 1871.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

THE Coronership of North Northumberland is vacant. Mr. Edward Smiles, of Alnwick, is a candidate for the post, and I understand there is likely to be a sharp contest. Mr. Smiles is an old and much respected member of our profession, and one we believe here well fitted to fill the vacant office. We have good hopes that our brethren in the north will use every exertion to insure the election of Mr. Smiles. It will be remembered that the coronership of the southern division of the county, although ably contested by our townsman, Mr. Carr, was lost to the profession by want of union in our camp. We hope our northern brethren may remember the lesson, and, profiting by that defeat, return the medical coroner by a large majority.

It would appear from the Registrar's report, that the past year, the twentieth in the history of the Newcastle College

of Medicine, had been unequalled in success. During the winter session, the number of students had been in all 84, and in the summer 57, exceeding all previous years in numbers by 10. The success, too, of the students at the different examination boards had been most gratifying.

Small-pox still lingers in our midst. The cases are not by any means so numerous or severe as in the summer, yet we have still partial outbreaks occurring in various localities, and several deaths have occurred this last week. At Gateshead, during the four weeks ending the 2nd inst., 173 cases of small-pox had been reported for purposes of disinfection. Dr. Ridley, the visiting surgeon of the Bensham Small-pox Hospital, reports that during the same period 63 cases had been treated and 12 deaths had taken place. Since the opening of the hospital, 200 patients had been admitted, 28 of whom had died, 136 were cured, and 26 remained under treatment. It is remarked that at Gateshead the people display great recklessness in coming into the streets before they are thoroughly cured.

The inaugural addresses of the professors of the new College of Physical Science here are to be delivered this week; the first being to-night, by Professor A. S. Herschel. The names of twenty-four students have up to the present been placed on the books of the College, and the fees of those already entered amount to about £350. During the present week a considerable addition is expected to the number of students.

Newcastle, October 10th, 1871.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

SMALL-POX.

IN Dublin, during the month of September, 10 deaths were registered as occurring from this affection.

In Belfast, the disease has lately been increasing to a considerable extent. In one institution—the Belfast Union Hospital—the admissions have been gradually increasing week by week. On September 9th, there were 33 small-pox patients in the workhouse; on the 16th ult., 38, and for the week ending the 30th ult., 45 patients were yet under treatment. One reason why the disease is not stamped out in Belfast is that convalescent small-pox patients insist on prematurely leaving the workhouse. This matter has been represented to the Poor-law Commissioners for Ireland, who, in a circular to the guardians, recommend that, to remedy this evil, proceedings should be instituted by the nuisance authority of the district against the parties who wilfully expose others to the contagion.

DISEASED FOOD IN DUBLIN.

In the Lord Mayor's Court last week in Dublin, a retail dealer was summoned for having sold to a customer some bacon which was unfit to eat, and for refusing to return the money to the purchaser. The latter called in the clerk of the markets, who found twenty-seven pounds more of the same kind of bacon in a putrid condition. The only defence given by the dishonest trader was that he had purchased the article from a respectable house in the city; but this "extenuating circumstance," as a French jury would say, was sufficient in the eyes of Alderman Redmond, who fined the delinquent the sum of thirty pence! A similar miscarriage of justice took place in the same court; a woman who sold milk, with an excessive quantity of water, being let off with a fine of a few shillings, because she was a widow with a large family! As the *Irish Times* lately declared in its columns, "now purveyors and all concerned may sell rotten pork and fear not. They have only to buy at *respectable* houses, and half-a-crown will disarm justice." It is to be feared that so long as magistrates pander to traders in this manner, the insufficiency of the punishments awarded will only have the effect of stimulating the ingenuity of that disreputable class who make a profit by trading on the health of their fellow creatures.

A FIT REWARD.

Mr. Richard Allen, of this city, has been decorated by the President of the French Republic with the Cross of the Legion of Honour, as a mark of the high appreciation in which his unwearied efforts to alleviate the miseries of the French peasantry, caused by the devastations of the late war, are held by the French Government. Mr. Allen, who is a member of the Society of Friends, not only collected large funds, but went himself to those parts of France which were most in need of aid, at the risk of his life. I understand he lost two relatives who were engaged in the good work with him, from small-pox, and that he narrowly escaped death himself from a severe attack of illness whilst abroad in his work of benevolence. The cross is of silver, and is highly enamelled and gilt. In shape it resembles the Maltese cross, but contains five rays. The points are enamelled white, and are encircled with a wreath of oak-leaves in green. The centre is gilt, and contains on one side an emblematic female head, with the inscription "Republique Française" in gold letters on a dark blue rim; the obverse presenting tricolor flags, crossed with the inscription "Honneur et Patrie." The cross is attached to a handsome silver clasp, richly enamelled with oak and laurel leaves, and is to be worn suspended from the bright red ribbon of the order.

A MORGUE FOR DUBLIN.

A morgue and coroner's court, fitted with all necessary appliances, has at last been provided in this city, and is now ready for use. There is no doubt this will be of great service to all concerned in the management of inquests, which heretofore were obliged to be held in stables and public-houses where the accommodation was most inadequate for the purposes required.

Dublin, October 10th, 1871.

ITALY.

(FROM A CORRESPONDENT.)

ON the 15th of October the fifth congress of the Italian Medical Association will meet at Bologna. Considering the number of members who have already sent in their names, and announced their intention to assist at the meeting, the forthcoming session will be a very successful one. Among the various subjects which will be discussed are some of great interest touching the public health, and the measures to be taken in connexion with contagious diseases.

Some important changes have lately taken place among the medical officers of the Italian hospitals. Professor Balocchi has been appointed Professor of Midwifery to the Ospedale di Maria Nuova of Florence, and Dr. Macari to a similar chair at the University of Modena Hospital.

The succession of the eminent and much regretted Professor Lazzati, as Director of the Obstetrical School of Milan, will be made the object of a *concours* or public competition. The jury will consist of members nominated by the Government, and others appointed by the province of Milan. The Minister of Public Instruction has already appointed three judges—Professor Senator Cipriani, and Professors Balocchi and Lovati. Among the candidates are Dr. Domenico Chiara, present Professor of Obstetrics at the University of Modena; and Dr. Carlo Grillenzoni, Professor of Descriptive Anatomy at the University of Ferrara, where he also gives private lectures on Midwifery.

Some exceedingly interesting experiments in physiology have recently been carried on by Prof. Schiff in the Physiological Laboratory of the Institute of Florence, with the object of arriving at some correct conclusion touching the pretended motor excitability of the anterior part of the brain in mammifera. These experiments had been suggested by a work published last year in Berlin, and stating that excitement of the anterior lobe of the brain produced movements in the muscles of the opposite side of the body. The authors concluded that the anterior portion of the brain was endowed with motor faculties. The results of Prof. Schiff's experiments confirm the fact of muscular movements being produced through irritation of the frontal lobes, but they show at the same time that these movements do not proceed from a motor property peculiar to that part of the brain, but are reflex movements excited by irritation of certain parts of the brain which preside over the tactile (non-painful) sensibility of the body. The excision of these parts does not directly prevent movements, but modifies them indirectly, through the abolition of

tactile sensibility. One of the chief results of these researches is that certain degenerations of the brain, especially of the frontal lobes, may be liable to produce a kind of locomotor ataxy.

NEW MEDICAL STUDENTS.

THE following are the returns which we have received from several of the medical schools, showing the number of new students who have entered at each up to Thursday morning last:—St. Bartholomew's, 88; University, 84; Guy's, 77; St. Thomas's, 74, of whom 54 are first-year's men; King's College, 40; the London, 25; St. George's, 25; Middlesex, 18; Westminster, 13. Guy's, which last year headed the list with 112, now stands third with 77. This is no doubt caused by the establishment of St. Thomas's in its permanent home. Guy's and St. Thomas's were for many years as closely united as are the Siamese twins, and it was only reasonable to suppose that those who did not care to follow this *alma mater* into her temporary residence should go for instruction to her twin sister. The apostates have now returned to their proper school, and hence the falling off in the number of Guy's students. There has been a general feeling that the opening of the great school on the Albert Embankment would interfere considerably with the number of entries at the other schools. The numbers which we publish show, so far, how groundless the fears have been, and how completely (with the exception mentioned above) the various schools of medicine have maintained their normal average.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Sept. 28th and Oct. 5th:—

Addy, Boughton, Southport, Lancashire.
Bradbury, John Batley, Leeds.
Elam, Shrofield, Woburn-place.
Marshall, John, Bolney, Suffolk.
Mountaine, John, Wise's-hill, Sunday's-well, Cork.
Slater, John Samuel, Bath.
Vores, William Mallam, Great Yarmouth.

On the same days the following gentlemen passed their first professional examination:—

William Edward Bennett and Handsford Hosking, Guy's Hospital; John Evans and Samuel Welch, London Hospital; Edward James Nix, Charing-cross Hospital.

MISS JEX BLAKE was presented with £1000 on Monday last, at a meeting held in the Council Chamber, Edinburgh, for the purpose of enabling her to defray the expenses of the recent action.

A SEAMAN died on board a small vessel at Shields, on the 7th inst., and a post-mortem examination was made by the medical inspector of the port, who attributed the death to ordinary diarrhœa. A disinfection of the vessel was ordered.

TWO CASES of small-pox have lately occurred among the women employed in the ropery of the Devonport Royal Dockyard, in consequence of which the Admiral-superintendent ordered all the men and women at work on the establishment to be vaccinated.

UNIVERSITY OF CAMBRIDGE.—Professor Humphry has given notice of lectures and practical teaching as follows:—Lectures on Anatomy and Physiology in the New Museums, on Tuesdays, Thursdays, and Saturdays, at one P.M., commencing on Saturday, October 21. Lectures on Practical Anatomy on Mondays, Wednesdays, and Fridays, at six P.M., commencing on Monday, Oct 16. (These, together with the Lectures on Anatomy and Physiology, constitute the course for M.B. and M.C. and for the Royal College of Surgeons.) Microscopical Demonstrations on alternate Tuesdays, at six P.M., commencing on Tuesday, Oct. 31. Practical Histology on Saturdays, at half-past eleven A.M., commencing Oct. 28. (This, in conjunction with the Practical Physiology by Dr. Michael Foster, constitutes a course of Practical Physiology.) Superintendence of Dissections daily. Instruction on Practical Anatomy will be continued in the Christmas vacation.

Medical Appointments.

BLAKER, W. C., M.R.C.S.E., has been appointed Medical Officer for the Robertsbridge District of the Ticehurst Union, Sussex, vice Baker, resigned.

BUTLER, F. W., L.S.A.L., has been appointed House-Physician to the Westminster Hospital, vice F. Wallis, M.R.C.S.E., whose appointment has expired.

CLARK, A., M.R.C.S.E., has been appointed an Assistant-Surgeon to the Middlesex Hospital, vice Lawson, appointed Extra Surgeon.

CORFIELD, W. H., M.A., M.B., M.R.C.P.L., Professor of Hygiene and Public Health at University College, London, has been elected Medical Officer of Health and Analyst for the Parish of St Mary, Islington, vice E. Ballard, M.D., M.R.C.P.L., appointed to the Medical Department of the Local Government Board.

DAVIES, J., M.D., has been re-elected Medical Officer and Public Vaccinator for the Llangonoyd District of the Neath Union, Glamorganshire, for one year.

DORAN, A. H. G., M.R.C.S.E., has been appointed House-Surgeon to St. Bartholomew's Hospital, vice A. J. Hogg.

GUNNING, J. ST. C., L.R.C.S.I., has been appointed Assistant House-Surgeon to the Kent and Canterbury Hospital, vice Sleman, resigned.

HERMAN, G. E., M.R.C.S.E., has been appointed House-Surgeon to the Queen Adelaide Dispensary, Bethnal-green, vice Robt. Colgate Holman, M.R.C.S.E., resigned.

LAWSON, G., F.R.C.S.E., has been appointed Extra Surgeon to the Middlesex Hospital.

LEECH, D. J., M.B., has been appointed Consulting and Visiting Medical Officer to the Chorlton Union Workhouse, vice Clements, who has been allowed six months' leave of absence to enable him to take a sea voyage for the benefit of his health.

MACKINLAY, D., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer to the Caledonian Schools, Liverpool, vice J. Wm. Irvine, M.D., L.R.C.S.Ed., deceased.

MAYNE, T., M.R.C.S.E., has been appointed Assistant House-Surgeon to the Royal Albert Hospital, Devonport.

PARKINSON, C. H. W., F.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 2 and the Workhouse of the Wimborne and Cranborne Union, vice W. Druitt, F.R.C.S.E., resigned.

STRAFFORD, T., L.R.C.P.L., M.R.C.S.E., has been appointed Resident Surgeon to the Worksop General Dispensary, vice E. J. Cooke, M.B., L.R.C.S.I., resigned.

TILEY, W. G., M.R.C.S.E., has been appointed Resident Surgeon and Apothecary to the Western General Dispensary, Marylebone-road, vice J. H. Cartwright, M.R.C.S.E., resigned.

WALSHE, D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Resident Assistant Medical Officer at the Chorlton Union Workhouse, during the absence of Mr. Clements.

YEATS, W., M.D., has been appointed Assistant Resident Medical Officer at the Coton-hill Institution for the Insane, near Stafford, vice Turner, resigned.

Births, Marriages, and Deaths.

BIRTHS.

EVISON.—On the 29th ult., at Milnthorpe, the wife of Hansen Evison, M.R.C.S.E., of a son.

FAIRLAND.—On the 26th of Aug., at Lucknow, Oudh, the wife of Dr. Fairland, F.R.G.S., Assistant-Surgeon 21st Hussars, of a daughter.

HARDING.—On the 24th ult., at Whittlesea, the wife of Charles Fincham Harding, M.D., of a daughter.

M'FALL.—On the 7th inst., at Sandgate, Kent, the wife of D. Chambers M'Fall, Army Medical Staff, of a son.

PHIPPS.—On the 9th inst., at Clairville, Oxford-road, Manchester, the wife of G. Constantine Phipps, M.D., of a son.

STEVENS.—On the 29th ult., at Burnbank Cottage, Kilsyth, the wife of W. Goldie Stevens, Surgeon, of a son.

STEWART.—On the 10th inst., at Newport, Fife, the wife of Dr. Stewart, of twins.

SWINSON.—On the 5th inst., at Turvey, near Bedford, the wife of George Newton Swinson, M.R.C.S.E., L.R.C.P.Ed., of a son.

THOMSON.—On the 6th inst., at Farnham, Surrey, the wife of Dr. Thomson, Assistant-Surgeon 22nd Regiment, of a daughter.

MARRIAGES.

JONES—JONES.—On the 10th inst., at St. John's Church, Brixton, London, John Thomas Jones, M.R.C.S.E., son of J. Jones, Surgeon, of Llanfyllin, Montgomeryshire, to Robertina, only daughter of the late Robt. Jones, Esq., of Llewegart Villa, St. John-road, Brixton, and of the Borough, London.

SAUNDERS—PHILLIPS.—On the 11th inst., at Southend, Essex, Thos. Dudley Saunders, L.R.C.P.Ed., M.R.C.S.E., of Smarden, Kent, to Laetitia Anne Syme, only daughter of the late Edward England Phillips, M.R.C.S.E., late of Chilton-super-Polden, Somerset, and Adelaide-road, N.W.

WHITE—OLIVER.—On the 5th inst., at Blackmore Church, Essex, Jas. Robt. White, M.B., second son of T. H. White, Esq., of Dunham, Cheshire, to Sarah Elizabeth Oliver, eldest daughter of Mr. James Brill Oliver, of Aythorp Roding, Essex.

DEATHS.

BUSHELL.—On the 5th inst., Thos. Bushell, M.R.C.S.E., of Crawford-street, Portman-square, aged 74.

CURLING.—On the 2nd inst., at Grafton-lawn, Cheltenham, C. S. Curling, Esq., late of the Bengal Medical Service, aged 77.

FIDLER.—At Mill-street, Liverpool, Robt. Fidler, L.F.P. & S. Glas., aged 75.

FUGE.—On the 7th inst., J. H. Fuge, F.R.C.S.E., of Frankfort-street, Plymouth, aged 90.

GREAVES.—On the 1st inst., A. G. Greaves, M.R.C.S.E., of Derby, aged 59.

HIGGINS.—On the 14th inst., at Kensington, J. R. Higgins, M.R.C.S.E., late of Axbridge, Somersetshire.

Medical Diary of the Week.

Monday, Oct. 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Casual Communications.—Mr. John Gay, "On Crural Venosity."—Dr. Richardson: "Preliminary Notes of a Research as to the possibility of Destroying Animals intended for Human Consumption without the Infliction of Pain."

Tuesday, Oct. 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Oct. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Oct. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Oct. 21.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

NOMS DE PLUME.

WE find it needful to repeat an admonition which we have more than once offered with respect to the anonymous signatures adopted by correspondents who favour us with communications. It is that they will, in their own interests, eschew the use of frequently employed *noms de plume*. It would be amusing to go through the numbers of one of our volumes, and collate the replies contained therein to "Medicus," whose ever-pressing difficulties are continually requiring elucidation. "Chirurgicus," too, has a doubting mind, and is an importunate applicant for information on subjects not confined to surgery. "Subscribers" are as plentiful as blackberries: not that this is objectionable, only they are indistinguishable under the general term. As to the army of "Inquirers," we would point to the strong detachment of them that occupies the field in our last issue, with the array of diverse queries, and leave our readers to imagine the possible inconveniences arising from misappropriation of replies. True, there may be supposed to be this advantage attending the number of "Inquirers"—namely, that each member of the curious family has the opportunity of selecting the reply that is most congenial to his taste; but then it is obvious that the choice may be a delusion and a snare, and the result of it prove as disastrous as that following the ingestion of a dose of the wrong mixture. Seriously, we ask our correspondents' kind attention to this matter.

Mr. D. B., (Dudley.)—Thanks for the enclosure and accompanying paper. The publication of such things is to be regarded as due to the licence rather than the liberty of the press. Happily, however, they are too silly to have much effect.

WORK AT HIGH PRESSURE.

A CORRESPONDENT writes to us regarding the opinion we expressed, that the work to which school-boys were subjected was an occasional cause of their deterioration in health, and he coincides with us as to the different effects of sustained attention and mental fatigue in the case of boys of different temperaments and constitutions. He asks our opinion of the system of "grinding" on the health. In these days of competitive examinations, intending candidates for the public services—such as the Indian Civil Service and the Woolwich Academy—often have to work very hard for the few months antecedent to the examination. We are now speaking of boys of even more than average ability, but not of the fortunate possessors of superior talents and powers of application. When the work is done, as it generally is under these circumstances at what may be termed "high pressure," the nervous system becomes weakened and the functions of the body get more or less deranged, and the consequence is that the health is often impaired. In a few instances, where a constitutional predisposition to disease exists, the evil is, unfortunately, not of a temporary character. The period of life at which this mental strain is being undergone is coincident with the time when many physiological processes are unusually active, and when the tissues of the body are being rapidly developed. So long as a young fellow can eat and sleep well, and maintain a healthy physical aspect, there is nothing to fear in regard to him. The more he works, the more he eats and the deeper he slumbers, and if we add, the more he grumbles, it makes the case no worse. If, on the other hand, a boy gets anxious and sleeps badly, and if the appearance of his face and of the calf of his leg indicates that he is losing flesh and firmness, we may be quite sure that he will ere long break down in health under the same strain. The present system of long vacations, again, is not a good one for the boys, whatever it may be for the masters, and it is anything but pleasant for the parents. The holidays should be shorter. The extent to which athletic and physical exercises are now carried, as well as the place these occupy in the opinion, apparently, of the masters, seem to us absurd.

Dr. Hardwicke, (Rotherham.)—Will our correspondent favour us with the title of the book, as we have been unable to trace it.

THE OFFICERING OF WORKHOUSE INFIRMARIES AND SICK ASYLUMS.

To the Editor of THE LANCET.

SIR,—I should be obliged if you would allow me to correct a misstatement contained in the letter which was published by you in your issue of the 30th ult.

Relying on my memory only for a description of what occurred when the Metropolitan Poor Bill was in Committee, I attributed to Mr. Brady the observations which elicited from Mr. Hardy the course the Poor-law Board would follow in officering the Metropolitan Workhouse Infirmaries and Sick Asylums. Having had an opportunity yesterday of seeing "Hansard," I now remember that Mr. Brady consulted me in reference to what should be the qualifications of dispensers, and that it was Mr. Gilpin, the Parliamentary Secretary of the Poor-law Board, M.P. for Northampton, who addressed Mr. Hardy on the subject. The extract from "Hansard" (vol. 185, March 11th, 1867), containing his speech and the reply, is of such present interest that I append it:—

"Mr. Gilpin said one part of the clause had attracted considerable attention out of doors, and that was whether, in the appointment of resident medical officers, the oversight of the first-class medical out-door officer would be dispensed with. He trusted no such practice would be introduced.

"Mr. Gathorne Hardy said it was intended that the resident medical officer should not be one of the highest class, but capable of attending cases as they came in. The infirmaries would still be under the supervision of one having the highest professional knowledge; in fact, it was intended to copy the plan proposed in hospitals."

In whatever way the pending inquiry may terminate, I have good reason for stating that the question will be distinctly raised so soon as Parliament meets: on whose authority did Mr. Fleming and his inspectors act when they deliberately set this promise aside? Yours obediently,

Dean-street, October 11th, 1871. JOSEPH ROGERS.

THE SURGICAL EXAMINATION OF WOMEN IN REFERENCE TO INFANTICIDE AND CONCEALMENT OF BIRTH.

WE do not think that anything would be gained by the insertion of any further communications on this subject.

G. E. S.—The case, we have no doubt, admits of cure; but it is out of our province to nominate a medical man. Those named, however, are fully entitled to confidence.

Mr. J. S. Brazier, (Aberdeen.)—The list forwarded was published in our number for August 19th of the present year.

MALFORMATION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—With reference to the case with the above heading, published in your journal of Sept. 23rd, I would venture to ask Mr. Churchill if the case were not one of tubo-ovarian pregnancy. This is my opinion, for two reasons—1st, that the membrana decidua is in such cases found lining the uterus, and is, of course, absent from the fœtal development; 2nd, from the fact of rupture having occurred—a general thing, almost a necessity, after three or four months of pregnancy. If it were a case of double uterus, why was the deciduous membrane not in the impregnated uterus, and why did the impregnated uterus rupture? In a hurried examination a mistake might easily be made. I had myself a case of this kind, which was published in the "Obstetrical Transactions" by Dr. Hicks, and the particulars as given by Mr. Churchill agree closely with my case, in the position of the decidua, the thin wall of the structure containing the fœtus, the rupture of bloodvessels, and the period of pregnancy. Yours faithfully,

Castlegate, Nottingham, October, 1871. E. B. TRUMAN.

THE TIME-HONOURED GUINEA.

A CORRESPONDENT calls our attention again to the way in which consulting physicians and surgeons are made to suffer from alterations in the currency. *Tempora mutantur*, and coins change with them. The noble guinea current when George the Third was King has passed away, and has given place to a parvenu of brazen aspect, which is dropped blandly into the palm of the consultee, often unaccompanied by its pale-faced complement; and this notwithstanding that the value of the service for which the guinea was exchanged has increased owing to the advances made in medical science. Surely just a *leetle* twinge of self-reproach must be felt by patients of the wealthier sort who take advantage of the mutations of the Mint to mulct the physician of his honest deserts.

Dr. A. Pelt.—Our facts were obtained from a biographical notice approved by the late lamented surgeon himself. Our correspondent is thanked, however, for his letter.

THE paper of *Mr. Farrer* shall appear next week.

THE ROTUNDO LYING-IN HOSPITAL, DUBLIN.

To the Editor of THE LANCET.

SIR,—Mr. Pitts has thought my comments on his letters worthy of reply. I wished to deal with the subject generally, and to touch as little as possible on its individual bearing. However, the one sentence I inserted with reference to a probable class of persons dissatisfied with the hospital, he says is "totally unfounded." I think his letter confirms my first impression.

(1) Mr. Pitts believes he should have been permitted to pass a catheter, order an enema, and direct ergot to be administered.
(2) That it was his *right* to examine the case of tedious labour.
(3) That he should have been permitted to assist at an operation.

(1) In my opinion students should, when opportunity offers, be taught how to introduce the catheter; but certainly they should not be allowed to do so in cases in which difficulty exists, or in cases in which, subsequent to delivery, the parts are much inflamed. As a hospital physician, I can testify to the injury inflicted on patients by permitting pupils to do so in such cases. The administration of an enema may be harmless, but in a hospital it is essential to keep the control of cases requiring any interference in the hands of the heads of the establishment, and therefore an arbitrary rule must be enforced. But with respect to ergot, the matter stands on an entirely different footing. It is a most dangerous drug. I have seen the life of the child so repeatedly lost from its indiscriminate use, that I now seldom administer it prior to delivery. The master of the hospital is, in my opinion, right not to permit this drug to be ordered by a pupil. Evidently Mr. Pitts either believes the administration of ergot a trifling matter, and thereby proves his inexperience, and consequent unfitness to be entrusted with the power of ordering it, or he belongs to the class I alluded to in my former letter.

(2) I deny that any pupil has a *right* to examine a case, if his doing so be injurious to the patient. I presume, in the case referred to, the master deemed it his duty to prohibit all examination, for the patient's sake.

(3) No one will deny to an operator the right of choosing his assistant. It appears that the master considered his head midwife a more efficient assistant in a particular case than Mr. Pitts. I presume the master was a better judge of Mr. Pitts's merits than Mr. Pitts was of himself

In conclusion, it should be borne in mind that the resident pupils in the Rotundo are in no way analogous with those who in some hospitals are chosen for that office on account of their fitness, and who often fulfil the duties of house-surgeons. In the Rotundo they are in no way different from the extern pupils, save that they reside in the house. Many of them, doubtless, are men of standing, but all must be treated as learners.

I need hardly say that you, Mr. Editor, can assure your readers that I am not "the master," as Mr. Pitts insinuates. I have no interest in the controversy. I only write in defence of an institution which I believe to be unfairly attacked and to which I am indebted for much of the knowledge of obstetrics I possess.

I am, Sir, your obedient servant,
October 10th, 1871. AN OLD INTERN.

SHROPSHIRE EYE AND EAR HOSPITAL.

One of the Committee of the above institution writes to say that "Dr. Evans originated the Shropshire Eye Dispensary (not the Hospital) in 1818, to the great benefit of the poor. The Eye Hospital was established in 1867 through the efforts of the present surgeon, Dr. Edwyn Andrew."

SMALL-POX AND VACCINATION IN THE MAY-FAIR AND HANOVER-SQUARE DISTRICTS.

To the Editor of THE LANCET.

SIR,—The following facts are of sufficient interest to induce me to submit them to you for publication.

Table showing the number of persons vaccinated by the public vaccinator during the last twelve months ending June 30, 1871.

		Primary.	Secondary.	Total.
1870	July 1 to Sept. 30	45	4	49
	Oct. 1 to Dec. 30.....	43	1	44
1871	Jan. 1 to March 31.....	173	824	997
	April 1 to June 30	57	113	170
Total.....		318	942	1260

The total number of deaths from small-pox registered in this district for the half year ending June, 1871, was 2, the population at the last census being 31,720 persons. There were probably several cases, occurring in the district, removed to hospitals, &c., out of it; but the small amount of mortality speaks favourably for the quality of the vaccination, *by puncture*, for some years past, and this has been recognised by the Privy Council in awarding to Mr. Jay, the public vaccinator, two grants—one in 1868 of £16, and another in July of this year of £15 17*s.*—Yours faithfully,

Park-street, W., October, 1871. PROFESSOR SMITH.

THE UNIVERSITY OF MELBOURNE AND ITS CRITICS.

THE following extract from an article in the *Melbourne Herald* will illustrate the double fact that there is great dissatisfaction in Melbourne with the medical faculty of the University, and great freedom in the expression of it. Of course we cannot answer for the particulars of the case. But we feel the more interest in the government of the University of Melbourne, inasmuch as our Medical Council is prepared to register the graduates of the University whenever it shall be enabled to do so by the long deferred amendment of the Medical Act. After explaining that the Council is elected by, and subordinate to, the Senate, and complaining of its arrogating to itself functions which it was never meant to have, the *Herald* says:—

"The latest exhibition of its insufferable intolerance is the mode in which it treated the application of three of our most respectable practitioners, who sought to be admitted to what are called *ad eundem* degrees, in the University. Holding certain degrees from other recognised Universities, they were entitled to apply to the Melbourne one for admission in the same rank, as has been the case with all the gentlemen holding positions of a legislative or executive character in the institution. The medical men in the Council are there by the same regulation which the rejected applicants claim to participate in; but, having gained the advantage themselves, they officiously and insultingly spurn those who have equal right with themselves to be admitted. The history of the latest outrage is as follows:—'In 1870, three medical graduates of the University of Sydney (who also hold European degrees), of long standing in this city, applied to be admitted, *ad eundem gradum*, in the University of Melbourne. After six months' procrastination and evasion, the Council, on the 26th of May last, at length refused the application of these gentlemen,' and this was done 'in defiance of the Act of Incorporation.' That the animus of this scandalous Council may be better understood, we may state that certain members, in order to bolster up their illegal proceedings, and furnish a plausible excuse for their unjustifiable conduct, had the hardihood to assert that 'the applicants for admission *ad eundem gradum* had sent home money and purchased degrees in the United Kingdom; and that, having imposed on the University of Sydney by these purchased degrees, they had obtained degrees from that institution without examination; and that by these degrees, procured in this manner, these gentlemen were now endeavouring to gain admission into the Melbourne University under false pretences.' It is but a mild expression to say that this statement is absolutely mendacious, and made wilfully, knowing it to be so. Every line of it is a falsehood. It is a slander which cannot be passed over, and ought to threaten the very existence of the Council itself."

A Scotchman.—With every reasonable admiration of the bagpipes, when it is accommodated with a sufficient amount of cubic space, and of the lines forwarded by our correspondent, we cannot find a place for the latter in THE LANCET.

EQUITY.

To the Editor of THE LANCET.

SIR,—Will you oblige me by giving the following a place in your columns and expressing an opinion thereon?

Twenty months ago I purchased from Mr. Hochee, Surgeon, of East End, Finchley, a branch practice which he then had in this district. I paid him at the time "a year's purchase" cash, and, in addition, I covenanted to give him a fourth of my gross receipts (which I still continue to pay half-yearly) for the first five years. By the transfer deed, Mr. Hochee is prohibited from seeking to retain any of his old patients, or to directly or indirectly obtain any new ones in this district; but in the event of anyone sending for him of their own free will and preference, he is at liberty to attend. Dr. Easton, of Connaught-square, having a patient who has just come to live in this district, though previously unacquainted with Mr. Hochee, offered him an introduction to the family for the purpose of his becoming their local medical adviser. Mr. Hochee accepted the offer with alacrity, was introduced on the following day, and thus became engaged. I ask was he not in honour bound to have refused the introduction for himself, and to have nominated me? Instead thereof I am assured by Dr. Easton that Mr. Hochee did not make him nor any of the parties concerned aware of the fact of my being his successor here, and of my actually residing a mile nearer to the house of the family in question.

I am, Sir, yours obediently,
Church End, Finchley, Oct. 2nd, 1871. ALFRED WRIGHT.

*** We cannot undertake to express a positive opinion on a matter of which we have only an *ex-parte* statement. All we can at present say in reference to the above is, that if the action of Mr. Hochee is described with strict accuracy, and the terms of the covenant are precisely as stated, the spirit, though probably not the letter, of the agreement would seem to have been violated by Mr. Hochee.—ED. L.

CUNDURANGO, THE NEW REMEDY FOR CANCER AND SYPHILIS.

WE have received a communication from *M. T. Rubido* regarding the above remedy. It seems to be a reply to some remarks that appeared in the pages of a contemporary, and therefore its insertion in our columns would not be appropriate.

Chemicus.—The use of a title not in accordance with the qualification possessed is a breach of the 40th clause of the Medical Act.

TREATMENT OF PSORIASIS.

To the Editor of THE LANCET.

SIR,—In answer to the letter of "Juvenis, M.D.," who asks for information respecting the treatment of psoriasis, allow me to state that I have used for some time a solution of pure carbolic acid, two to four grains to the ounce of water, locally, with the best results. I consider this solution to be more reliable, and much less objectionable to the patient, than the application of pitch ointment. It is often difficult to get patients of the upper classes persuaded to make proper use of the ointment, and on this account I am sure much of the failure depends. The patches of psoriasis must be kept constantly moist with the solution of carbolic acid, while the constitutional treatment is not neglected. Your obedient servant.

Cartmel (late Lancaster), October, 1871. RICHD. LOWTHER, M.D.

MEDICAL TRADING.

A CORRESPONDENT writes to say that a M.D., &c., in the West of London, not content with keeping a chemist's shop at a short distance from his private residence, has commenced the sale of tea. A few months ago our correspondent saw in the window of the same establishment some photographs of popular ministers and hymn-books exposed for sale. He asks whether there is any way by which a man may be prevented from combining his profession with the trade of a teadealer and bookseller? and he adds a hope that we may not hereafter see the professional brougham doing the double duty of carrying its owner with a supply of such articles as are needed for domestic use by his patients.

W., (Bradford.)—Our correspondent has, no doubt unwittingly, omitted to enclose his card.—1. We do not know anything of the composition of the remedy referred to.—2. There will probably be no objection; but "W." had better forward us his query, and we shall then be in a position to say positively.

ETHICS AND MEDICAL HOLIDAYS.

To the Editor of THE LANCET.

SIR,—Will you oblige me by giving your opinion on the following case? I have been out for a holiday, the first since this time last year, and on my return home on Monday night last, after twelve days' absence, I regret to find that two of my lady patients have been confined. One sought the assistance of Dr. E——, and I have not heard one syllable about the case up to the present time, Saturday, October 7th, 1871. The other lady called in Dr. W—— to attend her, and I enclose for your perusal that gentleman's note, which I hope you will be able to insert in your columns with this. I may mention that the former gentleman has been my colleague at the infirmary here for the last fifteen years, and I am on an entirely friendly footing with him as far as I know. The other gentleman has not been resident in the town so long, and my acquaintance with him hitherto has been but slight. These are the facts as far as I know them, and on them I solicit your independent judgment, in order that I may direct my own conduct aright if placed in like circumstances. Your obedient servant,

October, 1871. M.D.

Castle-street, Sept. 30th.

DEAR DR. ——, Enclosed is a fee (21s.) from one of your patients, Mrs. B——, of ——. She was confined on the 27th inst.—Yours very truly.

—— ——.

*** Of the two courses pursued by our correspondent's *confrères* in the above circumstance, there is no doubt about the one which we admire and prefer. He will have no difficulty in answering the question, "Who is my neighbour"? At the same time it is only fair to state that there is a difference between cases of midwifery occurring during a holiday and ordinary cases, or cases of midwifery transpiring while the gentleman engaged to attend them is occupied with, say, another midwifery case. When a medical man takes a holiday, as every medical man should, he ought to make provision for the attendance of his midwifery cases by previous arrangement both with his patients and with his medical brethren. It is trusting a little too much to happy chance to leave such cases in the hands of an unqualified assistant. Where a medical man has a large midwifery practice, he should take special precautions for its being duly attended to during his holiday in a way that should not be seriously inconvenient to his brethren. With this qualification, medical men should be as ready to attend a midwifery case for a medical neighbour during his holiday as any other case.—ED. L.

"PUFFING DOCTORS": SEALSKIN AND ITS IMITATIONS.

OUR correspondent's communications are too long for insertion. But we agree in the main with him. Our profession should content itself with giving advice to patients, and not offer help to tradesmen in the form of praise of their wares.

R. H. L. (Manchester) is thanked for his communication and enclosure. It is impossible by any surveillance to prevent an occurrence of the kind.

T. J. O.—We are much obliged, but consider it very unadvisable to reopen the question.

ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—On Monday, October 2nd, the inaugural address to students (?) was given by Mr. Le Gros Clark at the new St. Thomas's Hospital at Stangate. The knightly treasurer's palatial residence was hospitably thrown open to a large concourse of visitors, whose name was apparently Legion, for they thronged there in such numbers as to completely debar the larger number of students—for whose benefit, I presume, such addresses are intended—from hearing a single word that dropped from the speaker's lips. Does it not appear to you strange that better accommodation had not been provided for them? Indeed I think that they should have been thought of before the visitors, who for the most part could have no possible interest in the address. Some old students had gone up to town from long distances, at a considerable amount of expense and inconvenience, solely to be present at the opening, and heard nothing save the shouts and groans peculiar to the young "Bob Sawyers," and likewise had the satisfaction of being nearly crushed in attempting to gain access to the hall. I think this reflects great discredit on the management, and ought not to be overlooked. Since the hospital was first started, from the laying of the foundation-stone up to the present time, the students have always been placed in the background. If the *quondam* Mr. Hicks has any desire to make himself popular with the students, and not to hear the hisses and groans which are so freely given him, he had better change his tactics somewhat, and think more of them, and less of himself. At present he is just doing the opposite. Is the Treasurer's post one that is held for life? If not, a change in that office would not be objectionable to others besides.

Your obedient servant,

October, 1871. G. R. UMBLER.

Dr. Alexander Hamilton Howe.—There is no published official account of the cholera epidemic in England in 1832-33. As to the diffusion of this epidemic elsewhere, the bibliography attached to the article "Pestilence, Choleric" in Copland's Dictionary of Practical Medicine may be consulted. See also as to the epidemic in England references to Dr. Farr's Report to the Registrar-General on Cholera in England in 1848-49. Respecting the Epidemic of 1848-49 in England, there is the Official Report of Dr. Farr just referred to, and the Report (with Appendices) of the General Board of Health. No official account has been published in Great Britain of the results of the Cholera Conference of 1866. M. Fauval's work is the book of reference on the subject. The Minutes of Proceedings of the Conference and the Reports printed under its superintendence may probably be found in the principal medical libraries of the metropolis. The English Official Reports on Cholera in 1865-66 are contained in the Ninth Report of the Medical Officer of the Privy Council, and Dr. Farr's Report on Cholera in England in 1866. For Dr. Gavin Milroy's paper, see *British and Foreign Medico-Chirurgical Review*, 1865.

THE first part of *Dr. Meryon's* paper shall appear in our next number.

HORACE WELLS.

To the Editor of THE LANCET.

SIR,—Having in my possession the original documents and publications, wherein, in May, 1843, I distinctly state that "the inhalation of narcotic and stimulating vapours produces a state of unconscious insensibility," prior to which date I performed various surgical operations during the anæsthetic condition, I cannot understand how you can state that Horace Wells was "the originator of modern anæsthesia," as his first experiment was with nitrous oxide gas in December, 1844, or eighteen months subsequent to my publication and public experiments on anæsthesia. In THE LANCET of June 11th, 1870—"History of Anæsthetic Discovery,"—my claim to priority is fully acknowledged in these words: "Enthusiastic Collyer is to our minds the true modern pioneer after all, the man who ran first," &c. The history of this discovery has been so singularly misrepresented that I claim at your hands the vindication of the facts.—Yours truly,

Brompton-road, S.W., Oct. 7th, 1871. ROBT. H. COLLYER, M.D.

*** Whilst acknowledging Dr. Collyer's claims to have laboured successfully at the subject of anæsthesia, we do not see that he can justly cavil at our naming Horace Wells as "the originator of modern anæsthesia" in the sense implied by the next paragraph in our article, in which he is spoken of as "the original discoverer of the (nitrous-oxide) gas for dental purposes." We feel sure that Dr. Collyer would be the last to hinder in any way the proposed assistance to Mrs. Wells.—ED. L.

KNOTTING OF THE FUNIS.

A CORRESPONDENT forwards us a communication, enclosing a sketch of a case that recently occurred in his midwifery practice, in which the funis between the child and placenta was found to be tied in a perfect knot, which tightened during delivery, causing the child (a female) to become very blue by the arrest of its circulation. The funis was long, otherwise the tightening of the knot might have proved fatal.

Mauque.—It is proper.

CONDY'S FLUID.

To the Editor of THE LANCET.

SIR,—My experience of Condy's Fluid as a test for organic matter in solution does not enable me to corroborate Mr. Condy's statement as to its efficacy. I have always found it perfectly useless in the presence of some, if not all, of the salts of iron. A very simple experiment will show this. Dissolve one grain of sulphate of iron in a quart of distilled water, and then apply the test to a portion of the solution; there will be an immediate production of the brown colour considered characteristic of the presence of organic matter. If, instead of iron, a grain of strychnine be used, there is very slight reaction, and this only after the lapse of some time. These experiments show—1st, that a comparatively harmless inorganic salt can produce a reaction which may be taken as evidence of the presence of organic matter; and 2nd, that in the presence of the most deadly nitrogenised body, water might by this test be pronounced harmless. If I interpret the action of permanganate of potash rightly, its change in colour depends upon the presence of some substance capable of undergoing increased oxidation, but does not show whether the substance is of organic or inorganic nature. Such being the case, I do not see how it can possibly indicate the probable nature of organic matter. I look upon it altogether as a false witness, capable of bearing evidence against the innocent, and helping to let off the guilty. Yours, &c.,

Coventry, October 3rd, 1871. W. F. ANDERSON.

Dr. Sassen writes to know whether—when we remarked, "as might be expected," after the statement that he did not bring forward facts in support of his opinion that carbolic acid disinfected clothes better than heat did—we meant to imply that he was in the habit of making unwarrantable assertions? We beg to assure him that the interpretation he puts upon the words never occurred to us. Our statement had reference solely to the subject matter. A satisfactory or even a plausible reason in favour of the proposition, "carbolic acid disinfects clothes better than does heat," is somewhat difficult to find.

THE communication of *Mr. Roberts* (Mayfair) has been received, and shall have our early attention.

QUIET BENEVOLENCE.

THE following announcement is circulated in the form of a handbill at Truro:—

"MEDICAL ADVICE GRATIS.—The poor are gratuitously treated for diseases of the throat, by the use of the laryngoscope, by a medical officer, late surgeon to Dr. Morel Mackenzie's Throat Hospital, London, on Mondays, Wednesdays, and Saturdays, from 11 A.M. to 12 A.M., at Mr. Roberts's, Strangways Villas."

HOW TO PRESERVE STEEL INSTRUMENTS FROM RUSTING.

Messrs. Salt and Son, the Anatomical Mechanicians of Birmingham, inform us, in answer to the query of a correspondent as to the best mode of keeping steel instruments free from rust, that a patent has been taken out for plating them with nickel, and that the cost of the process is about the same as the cleaning of his instruments. The plating does not tarnish.

Nature.—We cannot hold ourselves responsible for all that may appear absurd in disease to our correspondent. Our only concern is with facts. Notwithstanding his *reductio ad absurdum*, it remains true that young infants in large towns fed on artificial food have a bad time of it in August and September. If he thinks that the developmental processes have nothing to do with their liability to disease, he is probably more singular than correct in his opinion.

THE ETHICS OF CONSULTING PRACTICE.

To the Editor of THE LANCET.

SIR,—A letter in your impression of September 23rd, signed "Ignoramus," opens up a subject which, if discussed in a temperate spirit, may be interesting to very many in our profession.

Your correspondent complains of a patient leaving his usual medical attendant, and going to a country consulting physician, who forthwith takes the case under his own exclusive treatment. Again he complains of another patient who, instead of delivering the prescription of the consultant to the general practitioner who had been attending him, has it made up by a druggist. I presume that in neither of the above cases did "Ignoramus" address a letter to the consultant, introducing the patient and his case. He does not say that he did so.

But why does "Ignoramus" narrow the question by confining it to consultants in the country? An elderly man from this neighbourhood, suffering from fistula in ano, having seen a hospital surgeon at his county town, as well as his usual attendant, and being advised by the former not to be operated on, went, eager for cure and not content with relief only, to London, and placed himself in the hands of an eminent surgeon there. This gentleman also (like the one referred to by your correspondent) directed him to lodgings, and, with the help of his own assistant, operated for the fistula. The case did not do well; and, after remaining about a fortnight in London, the patient, not without difficulty, was got to his home, many miles from town, where he speedily died of pleurisy and pneumonia.

I instance this case (and others similar could, were it necessary, be mentioned) because, bearing a strong resemblance to the one that has proved a grievance to your correspondent, it shows that the question must be treated on broader grounds than he assigns to it, and must embrace the practice of London as well as country consultants.

I need not say also, for hundreds of your readers know it, how common a thing it is for patients in the country to run up to London by railway, see a consultant there, time after time perhaps, and take their prescriptions to a druggist, the ordinary medical attendant knowing nothing until afterwards, if then, of the erratic proceedings of his patient.

I think that before a satisfactory reply can be given to your correspondent's questions, it will be well to consider to what extent any of us possess a property, so to speak, in our patients, who, without perhaps expressing their intention to do so, leave one practitioner to consult another. No doubt both the interest of the patient and good feeling are against the frequent change of medical attendant, now so common. But is there any remedy for it?

Should you, Sir, be induced to give your readers the benefit of your opinion on these subjects, I hope you will look at the question on both sides, and consider the difficulties of the consultant as well as the grievances of the practitioner. A patient comes, whether from far or near, to the house of a hospital physician or surgeon, whom I assume to be a person of good professional standing, and competent, on the ground of ability and experience, to discharge the duties of a consultant. If the patient takes a letter from the practitioner, it is only too obvious that it is the duty, and I believe it is the practice, of the consultant not to treat the case, unless in conjunction with the former. But suppose the patient, probably a stranger, to have no such introduction. It is found, on inquiry, that he has ceased to be under medical care, and he declines to accede to the wish of the consultant to communicate with the late attendant. If, under these circumstances, the consultant were to write to the latter gentleman, against the wish of the patient, would it not involve a breach of professional confidence? Too often, however, the patient, after imposing silence on the consultant, sooner or later tells the usual attendant that he has been under Dr. or Mr. So-and-so's care; and, omitting to state his own refusal to allow the medical men to act together, creates ground for coolness or misunderstanding between them.

If, on the other hand, the patient complies with the wish of the consultant to write to the practitioner, then some of the results are, in my experience, as follows: In many cases, a courteous reply from the latter, and there is an honourable intention to give the treatment suggested a fair trial. Sometimes there is no reply, or a reply expressing surprise and regret that the patient had not previously mentioned his wish to have another opinion. More than once it has happened to me to have very unintentionally given offence to the gentleman to whom I wrote, who explained to the patient that he was not a druggist, and did not make up other people's prescriptions. Finally, it occurs, not very unfrequently, that the practitioner, living perhaps in a village, with drugs good but not varied, is unable to dispense the prescription of the consultant as it is written, and with the best intentions he substitutes for A and for B things as like them, in his judgment, as he happens to possess. Or perhaps, after a time more or less brief, he changes the medicine of the consultant without communicating with him.

I am sure, Sir, you will lay it down, if you write upon the matter, that, inasmuch as there must and ever will be consultants, as well as regular attendants, so both have their duties, one towards the other, and both may err. If Mr. A. does all he can do to prevent patients consulting Dr. B., who lives in his own or a neighbouring county, but sends them to someone else at a greater distance, without regard to the question of competency, ought it not to be painful to him to accept an excess of courtesy and civility from the latter?

Hasty judgment of the motives, intentions, and acts of others, founded on partial or imperfect knowledge, is the cause of many other little differences among us. By putting the best construction upon the acts of our brethren, we may go through life much more smoothly, and learn to concede "suum cuique pulchrum."

I remain, Sir, your obedient servant,

September 26th, 1871. F.R.C.P.

THE PUFF OBLIQUE.

WITH reference to a short note, with the above heading, that appeared in our impression of last week, we are requested by Dr. M'Lintock to state that the paragraph to which we referred was published without his knowledge or authority. We are particularly glad to record this statement, because it exonerates a member of our profession from the practice of a most undignified and unworthy means for courting publicity.

Mr. James Hooper, (Ford.)—It is common enough at seaside places; but we do not know of any special preparation. Apply to some respectable druggist.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—I have more than once troubled you, and you have kindly granted me space. On the last occasion on which I addressed you I brought a charge of breach of medical etiquette against a surgeon practising in this place. I have occasion to do so again. You may remember, Sir, that Mr. Starling, the person referred to, made no answer either to my letters previously addressed to him, nor to your strictures upon his conduct expressed in THE LANCET. In fact, he could *not* answer. The present case I consider still more aggravated.

The case is that of a patient who has been under treatment by me for two or three months, and who is so now, though convalescent. Both he and his wife deny having any knowledge whatever of the cause of Mr. Starling's interference. The man's father-in-law was ill, and he is a patient of Mr. Starling's. He was up-stairs in bed. Mr. Starling walked into the house, went straight up to my patient, who was in a chair *down-stairs*, unbuttoned his waistcoat, and proceeded, without ceremony of any kind, to examine him (the latter was taken so much by surprise that he could say nothing). He put some questions, and, after manipulating the abdomen, pronounced it a case of enlarged liver, saying to the patient, "Tell your adviser that you have an enlarged liver." This he repeated again on leaving, after seeing his own patient. It was exceedingly kind of Mr. Starling, was it not, to send me this piece of information? It so happens that it is *not* a case of enlarged liver, and that Mr. Starling is quite at sea.

If you will be so good as to publish this case, and make any comments on it you think fit, I shall feel indebted.—Your obedient servant,

Higham Ferrers, Norths, Oct. 3rd, 1871. DAVID THOMSON, M.D.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. G. Johnson; Mr. Bader; Dr. Marcet, Nice; Mr. Hulke; Dr. Lewis; Dr. Davies, Dublin; Dr. Sansom; Mr. White; Mr. Hudson; Mr. Aikman, Wendover; Mr. Cox; Mr. M'Rae; Dr. Hardwicke, Rotherham; Messrs. Salt and Son, Birmingham; Dr. Rose, Chesterfield; Mr. Bailey; Mr. Somers; Mr. Ferguson, Raneekhet Kinnaon; Mr. Jones, Long Melford; Mr. Knott, Middleton; Mr. Pires, Bombay; Dr. Buchanan, Glasgow; Mr. Key; Dr. Massy, Melbourne; Dr. Molineux, Hull; Mr. R. Mathews, Buckley; Mr. Rabido, Forest Hill; Dr. Coates, Salisbury; Dr Day, Geelong; Mr. M'Fall, Sandgate; Dr. Nicholson, Marton; Dr. Collyer; Mr. Hicks; Dr. R. Lowther; Dr. Curran; Mr. J. J. Jones, Brighton; Mr. E. Burton; Dr. Crerar, Maryport; Mr. Haslewood, Castleton; Dr. Stewart, Newport; Mr. T. Skelton, Abergavenny; Mr. Sawyer; Mr. Wilson, Chesterfield; Mr. Chapman, Towcester; Mr. H. Brown; Dr. Haynes, Malvern Link; Mr. J. Greenhill; Mr. Easton; Mr. Hastings; Dr. Black, Glasgow; Mr. Scott; Mr. Morse; Dr. Lintock; Mr. Colmore; Mr. Temple; Mr. Gregg; Mr. Whitfield; Mr. Mullins; Dr. Chapman, Broughton-in-Furness; Mr. Hill; Mr. Ewins; Mr. Robbins; Mr. Pearse; Mr. Mayne, Devonport; Dr. Phipps, Manchester; Mr. Field; Mr. C. Smith; Mr. Harper, Weymouth; Dr. Tibbits; Mr. Alte; Dr. Thomson, Aldershot; Mr. Roberts; Mr. Furneaux Jordan; Dr. Dickson; Mr. Alfred; Mr. Rivington; Mr. Calantarients, Scarborough; Dr. Pratt, Cardiff; Dr. Meryon; Mr. Truman, Nottingham; Mr. Corbet, Romford; Mr. R. Thurman, Worksop; Mr. F. Elliott; Mr. Langley, Manchester; Mr. Stocker; Mr. Gale, Sunderland; Mr. Brown, Winchester; Mr. G. N. Swinson, Bedford; Mr. Ball, Bristol; Mr. J. Bennett, Worcester; Dr. White, Blackmore; Mr. Leeson, Catford Bridge; Mr. Hooper, Ford; Mr. Robinson, Colney Hatch; Mr. Heaton, Chester; Mr. Walter, Uppingham; Mr. Gillespie, Sherburn; Dr. Sankey, Sutton Valeure; Mr. Holden; Mr. Neville, Ware; Mr. Mayfield, Stirling; Mr. Harris; Mr. E. Carter, Naseby; Mr. Philpot, Shrewsbury; Mr. Lowe, Caterham; Mr. Doran; Dr. Whitmarsh; Dr. Thompson, Leamington; Mr. Wyse; M.D.; Medicus; G. E. L.; Masque; The Registrar of the University of Oxford; Chemicus; Vox; Physician; A Civil Surgeon; One quite Disinterested; Chirurgus; Spiritus Methylatus; Alpha; X. Z.; &c. &c.

Australian Medical Gazette, Southampton Times, Indian Medical Gazette, Melbourne Argus, Aberdare Times, Shipwrecked Mariner, Cosmopolitan, New South Wales Medical Gazette, Parochial Critic, Australian Medical Journal, Vienna Medizinische, and *Philadelphia Evening Bulletin* have been received.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.